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6 MARKUP OF COMMITTEE PRINT, BUDGET

7 RECONCILIATION LEGISLATIVE RECOMMENDATIONS

8 AND HOUSE RESOLUTION 154

9 WEDNESDAY, MARCH 8, 2017

10 House of Representatives,

11 Committee on Energy and Commerce

12 Washington, D.C.

13

14

15 The committee met, pursuant to call, at 10:30 a.m., in

16 Room 2123 Rayburn House Office Building, Hon. Greg Walden

17 [chairman of the committee] presiding.

18 Present: Representatives Walden, Barton, Upton, Shimkus,

19 Murphy, Burgess, Blackburn, Scalise, Latta, McMorris Rodgers,

20 Harper, Lance, Guthrie, Olson, McKinley, Kinzinger, Griffith,

21 Bilirakis, Johnson, Long, Bucshon, Flores, Brooks, Mullin,

22 Hudson, Collins, Cramer, Walberg, Walters, Costello, Carter,

23 Pallone, Rush, Eshoo, Engel, Green, DeGette, Doyle,

24 Schakowsky, Butterfield, Matsui, Castor, Sarbanes, McNerney,

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25 Welch, Lujan, Tonko, Clarke, Loeb sack, Schrader, Kennedy,  
26 Cardenas, Ruiz, Peters, and Dingell.

27

28 Staff present: Grace Appelbe, Staff Assistant; Jennifer  
29 Barblan, Counsel, Oversight and Investigations; Will Batson,  
30 Legislative Clerk, Energy and Power; Ray Baum, Staff  
31 Director; Mike Bloomquist, Deputy Staff Director; Elena  
32 Brennan, Legislative Clerk, Oversight and Investigations;  
33 Adam Buckalew, Professional Staff, Health; Karen Christian,  
34 General Counsel; Sean Corcoran, Office Manager, Ford; Jordan  
35 Davis, Director of Policy and External Affairs; Paige Decker,  
36 Executive Assistant and Committee Clerk; Darrell Dykes; Scott  
37 Dziengelski, Policy Coordinator, Oversight and  
38 Investigations; Paul Edattel, Chief Counsel, Health; Blair  
39 Ellis, Digital Coordinator/Press Secretary; Emily Felder  
40 (Martin), Counsel, Oversight and Investigations; Melissa  
41 Froelich, Counsel, Digital Commerce and Consumer Protection;  
42 Adam Fromm, Director of Outreach and Coalitions; Theresa  
43 Gambo, Human Resources/Office Administrator; Giulia  
44 Giannangeli, Legislative Clerk, Digital Commerce and Consumer  
45 Protection/Environment; Jay Gulshen, Legislative Clerk,  
46 Health; Tom Hassenboehler, Chief Counsel, Energy/Environment;  
47 Brittany Havens, Professional Staff, Oversight and  
48 Investigations; Zach Hunter, Director of Communications; A.T.

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49 Johnston, Senior Policy Advisor/Professional Staff,  
50 Energy/Environment; Peter Kielty, Deputy General Counsel;  
51 Bijan Koochmaraie, Katie McKeough, Press Assistant; Carly  
52 McWilliams, Professional Staff Member, Health; Alex Miller,  
53 Video Production Aide and Press Assistant; James  
54 Paluskiewicz, Professional Staff, Health; Mark Ratner, Policy  
55 Coordinator; David Redl, Chief Counsel, Telecom; Chris  
56 Sarley, Policy Coordinator, Environment; Dan Schneider, Press  
57 Secretary; Kristen Shatynski, Professional Staff Member,  
58 Health; Danielle Steele, Policy Coordinator, Health; John  
59 Stone, Senior Counsel, Health; Josh Trent, Deputy Chief  
60 Health Counsel, Health; Evan Viau, Staff Assistant; Hamlin  
61 Wade, Special Advisor, External Affairs; Gregory Watson,  
62 Legislative Clerk, Communications & Technology; Jessica  
63 Wilkerson, Professional Staff, Oversight & Investigations;  
64 Everett Winnick, Director of Information Technology;  
65 Jacquelyn Bolen, Minority Professional Staff; Jeff Carroll,  
66 Minority Staff Director; Elizabeth Ertel, Minority Office  
67 Manager; Waverly Gordon, Minority Health Counsel; Tiffany  
68 Guarascio, Minority Deputy Staff Director and Chief Health  
69 Advisor; Una Lee, Minority Chief Oversight Counsel; Jerry  
70 Leverich, Minority Counsel; Miles Lichtman, Minority Staff  
71 Assistant; Jessica Martinez, Minority Outreach and Member  
72 Services Coordinator; Dan Miller, Minority Staff Assistant;

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73 Dino Papanastasiou, Minority GAO Detailee; Olivia Pham,  
74 Minority Health Fellow; Rachel Pryor, Minority Health Policy  
75 Advisor; Tim Robinson, Minority Chief Counsel; Samantha  
76 Satchell, Minority Policy Analyst; Matt Schumacher, Minority  
77 Press Assistant; Andrew Souvall, Minority Director of  
78 Communications, Outreach and Member Services; Kimberlee  
79 Trzeciak, Minority Health Policy Advisor; and C.J. Young,  
80 Minority Press Secretary.

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81 The Chairman. The committee will come to order. The  
82 chair recognizes himself for an opening statement.

83 More than 8 months ago, the House Republicans --

84 Mr. Pallone. Mr. Chairman?

85 The Chairman. -- unveiled a --

86 Mr. Pallone. Mr. Chairman, before we move --

87 The Chairman. For what purpose does the gentleman seek  
88 recognition?

89 Mr. Pallone. I would ask that we go back to the normal  
90 opening statement procedure, which is 5 minutes for ourselves  
91 and then 3 minutes for the members. I know that it has been  
92 reduced now to 3 for the leadership and 1 for the members. I  
93 think that is a huge mistake. Given the importance of this  
94 bill and this legislation, I would say that on a day like  
95 this we probably should give ourselves more time rather than  
96 less.

97 So I would make the request that we go back to 5 minutes  
98 for the committee leadership and 3 minutes for individual  
99 members, rather than 3 and 1.

100 The Chairman. Well, I appreciate the gentleman's  
101 comments. The committee rules provide discretion of the  
102 chairman. The chairman is exercising his discretion for 3-  
103 minute opening statements for the full committee ranker and  
104 chair and 1 minute for the others.

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105 Believe me, I understand there may be some amendments  
106 coming, even though we haven't seen any of them yet. I am  
107 sure there will be adequate time for us to talk about these.  
108 The bill was actually posted at 6:00 on Monday, and it is  
109 much smaller than the prior. Let us get on with our  
110 business.

111 More than 8 months ago, House Republicans unveiled A  
112 Better Way, which included our vision for repealing Obamacare  
113 and replacing it with a patient-centered, 21st century  
114 healthcare system. Today we begin the process of  
115 implementing that vision. After years of Obamacare's broken  
116 promises, we are proud to put forth a plan that presents a  
117 better way for patients and for families.

118 Let me be clear: under our plan, we are not going  
119 backwards; we are going forwards. We are protecting those  
120 patients living with preexisting conditions. We are not  
121 returning to the days of lifetime caps or annual limits, and  
122 we will continue to allow young adults to remain on their  
123 parents' policies until age 26. We will keep our promise to  
124 not pull the rug out from anyone as we transition away from  
125 this failing law.

126 Under our plan, we are looking forward. We are moving  
127 away from a government-run system that, frankly, is in  
128 collapse, and where bureaucrats stand in the way between

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129 patients and doctors. Instead, we move forward toward a  
130 healthcare system where one-size-fits-all mandates are a  
131 thing of the past, where states are empowered to innovate and  
132 care for their citizens, and, most importantly, where  
133 patients -- patients -- are actually in charge.

134 We create a new and innovative Patient and State  
135 Stability Fund to help low-income Americans afford health  
136 care and repair the damage done to state insurance markets by  
137 Obamacare, and those state insurance markets are in collapse.  
138 This fund gives states broad flexibility to design programs  
139 that best serve their unique populations.

140 We responsibly unwind the Obamacare Medicaid expansion  
141 while treating those covered under the expansion today  
142 fairly, and we refocus Medicaid's limited resources to the  
143 patients most in need. We propose a per capita allotment to  
144 determine a fair level of funding for states. This type of  
145 allotment has been supported not just by Republicans but also  
146 by key Democrats, like former President Bill Clinton, who  
147 recommended it.

148 Simply put, we have a better way to deliver solutions  
149 that put patients, not bureaucrats, first. We provide the  
150 American people with what they have asked for all along --  
151 great choice, lower cost, flexibility to choose the plan that  
152 best suits their needs.

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153 I now recognize my friend from New Jersey, Mr. Pallone,  
154 for a 3-minute opening statement.

155 Ms. Castor. Mr. Chairman, I have a unanimous consent  
156 request.

157 The Chairman. I recognize the gentleman from New Jersey  
158 for an opening statement.

159 Ms. Castor. I have a unanimous consent request.

160 Mr. Pallone. The vice ranking member, and I have to  
161 say, Mr. Chairman, I am not aware that I have actually  
162 mentioned to the Republican --

163 Mr. Barton. Mr. Chairman, I reserve the right to object  
164 to whatever it is they are going to offer.

165 Mr. Pallone. Well, Mr. Chairman, just so you know,  
166 because I don't think I have mentioned before, that we  
167 decided in our Democratic caucus that we would have vice  
168 rankers. I know you have vice chairs, so we have vice  
169 rankers now for our committees.

170 And Ms. Castor was elected unanimously by the Democrats  
171 on the Energy and Commerce Committee to be our vice ranking  
172 member, and she has a unanimous consent request.

173 The Chairman. What is the gentlelady's request?

174 Ms. Castor. Thank you, Mr. Chairman. Health care is so  
175 important to our families all across the country, and the  
176 Republican bill makes such drastic --

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177 Mr. Barton. Mr. Chairman, I am going to object.

178 Ms. Castor. I know --

179 Mr. Barton. If she is not --

180 The Chairman. I am sorry. That is --

181 Ms. Castor. I know that you have limited our opening  
182 statements to 1 minute, but I would ask unanimous consent  
183 because this is so important that you allow us to also take 3  
184 minutes, as the leaders have.

185 The Chairman. As the gentlelady --

186 Mr. Barton. If that is the request, I will object. I  
187 object.

188 The Chairman. We communicated the plan for the  
189 committee markup yesterday. We heard no objections back. So  
190 this is all sort of new. Look, we are going to have plenty  
191 of time to discuss these issues.

192 I recognize the gentleman from New Jersey, Mr. Pallone.

193 Mr. Lujan. Mr. Chairman, me, for unanimous consent  
194 request?

195 The Chairman. I recognize the gentleman from New  
196 Jersey, Mr. Pallone --

197 Mr. Lujan. I reserve the right to object.

198 The Chairman. -- for an opening statement.

199 Mr. Pallone. Well, Mr. Chairman, we have a unanimous  
200 consent request from members of the committee. So this is --

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201 The Chairman. If somebody wants to object --

202 Mr. Pallone. -- really no surprise. If you want to  
203 object, you can.

204 The Chairman. The gentleman from New Mexico is -- for  
205 what purpose does he seek recognition?

206 Mr. Lujan. Mr. Chairman, maybe if I could just restate  
207 the previous unanimous consent request. Because Ms. Castor  
208 was elected one of our leadership out of this committee, if,  
209 at the very least, she be recognized for 3 minutes, while I  
210 respect the Chairman's discretion in not recognizing the rest  
211 of us for that time.

212 Mr. Shimkus. I object.

213 The Chairman. We have an objection to the UC.

214 Mr. Shimkus. I am serious.

215 The Chairman. All right. Let us --

216 Mr. Barton. Can I --

217 The Chairman. Other people could yield to her as well.

218 Mr. Barton. Can I speak on my reservation? Just  
219 briefly.

220 The Chairman. The gentleman is recognized to speak on  
221 his reservation.

222 Mr. Barton. Briefly. If it is truly just going to be  
223 one person, the gentlelady from Florida, I would ask the  
224 gentleman from Illinois, with the Chairman's support, to

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225 withdraw and let her have 3, with the understanding that the  
226 Vice Chairman, myself, there is no requirement that there is  
227 vice -- we know there is vice on both sides of the aisle, so  
228 I should have 3 also.

229 The Chairman. Without objection. We will accord Ms.  
230 Castor 3; we will accord Mr. Barton 3 minutes. I now  
231 recognize again the gentleman from New Jersey, Mr. Pallone.

232 Mr. Pallone. Thank you, Mr. Chairman. The Republican  
233 repeal bill before us will seriously harm American families.  
234 Most people who garnered health insurance under the ACA will  
235 lose their coverage. Those who retain health insurance will  
236 pay a lot more for less coverage, and states will seriously  
237 ration care for those who still have Medicaid.

238 For 7 years, Republicans claimed to have a better way,  
239 but it turns out that is nothing more than an empty slogan.  
240 After 7 years of sabotaging and obstructing the ACA,  
241 Republicans have finally presented a repeal bill less than 2  
242 days ago that is incredibly destructive to the little guy, to  
243 the average working man and woman.

244 Now, Mr. Chairman, I am not a fool, and neither is the  
245 American public. Throughout the coming days and weeks,  
246 Democrats and advocates alike will band together to bring  
247 transparency to this process and will expose the GOP policies  
248 for what they are -- a prescription for disaster.

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249           Republicans, both the Speaker and our committee  
250           chairman, repeatedly said they would follow regular order,  
251           but not one hearing has been held on their repeal bill, and  
252           we have also not received analysis from the CBO. Regular  
253           order would require a hearing and markup in the Health  
254           Subcommittee before we get to the full committee markup here  
255           today.

256           Can Republicans guarantee that the 20 million who have  
257           insurance today will continue to have health insurance under  
258           their plan? Clearly not. How many more millions of  
259           Americans will lose their health insurance as a result of  
260           this bill? Who will be covered, and what will people pay for  
261           needed health care? No response from the GOP.

262           Now, let us talk about what we do know about the  
263           Republican repeal bill. With devastating cuts and caps on  
264           Medicaid, it will ration care for the 76 million Americans  
265           who rely on Medicaid, including seniors with long-term care  
266           needs and Americans with disabilities, pregnant women and  
267           vulnerable children, virtually ending Medicaid as we know it.

268           Working families could see their premiums and  
269           deductibles increase by hundreds of thousands of dollars, and  
270           seniors will pay an age tax and be forced to pay premiums 5  
271           times higher than what others pay for health insurance, one  
272           reason that the AARP came out strongly against the GOP repeal

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273 bill yesterday. The bill also shortens the life of the  
274 Medicare Trust Fund, putting the care of 57 million American  
275 seniors and people with disabilities at risk.

276 The Republican repeal bill will institute a cancer tax,  
277 and Americans with preexisting conditions will suffer.  
278 Insurers will once again be able to charge more or  
279 discriminate against Americans with preexisting conditions  
280 when their coverage lapses for any reason.

281 The Republican repeal bill is a giant transfer of  
282 wealth, taking from hardworking families and giving to the  
283 rich. In fact, according to the Joint Committee on Taxation,  
284 the bill would cut taxes for the rich and corporations by  
285 about \$600 million, so billionaires will benefit while  
286 Republicans dump huge out-of-pocket costs on working  
287 families.

288 Frankly, this is a disgrace. Americans today have  
289 better health coverage and health care thanks to the ACA.  
290 The American people do not want to see it repealed, and  
291 Democrats will fight Republican efforts to dismantle the  
292 health and economic security of millions of hardworking  
293 Americans.

294 I yield back.

295 The Chairman. The chair now recognizes the gentleman  
296 from Texas, Mr. Barton, for 3 minutes.

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297 Mr. Barton. Thank you, Mr. Chairman. I want to commend  
298 you and the staff and the members who have worked on the  
299 draft that we are going to debate today for your effort and  
300 your work product. Make no mistake, this is a necessary  
301 thing. The Affordable Care Act is fatally flawed, and it is,  
302 as some people have said, in a death spiral.

303 If Mrs. Clinton had won the election, and the Democrats  
304 had won the House, we would be here today holding a similar  
305 markup. It a simple fact that the Affordable Care Act, as it  
306 is current construed, will not work.

307 The draft is a good effort, and I intend to support it.  
308 Having said that, it can be improved upon. I am sure my  
309 friends on the Democratic side are going to offer many  
310 amendments in the course of this markup, some of them  
311 thoughtful and well-intentioned, some not so thoughtful, not  
312 so well-intentioned.

313 I have been there, Mr. Chairman. I have sat where Mr.  
314 Pallone is. In fact, I was in his chair when the Affordable  
315 Care Act was marked up, so I know how that feels. At some  
316 point in the process, Mr. Chairman, I plan to offer myself 2  
317 amendments, one that would give a date certain to the  
318 expansion of Medicaid in the states that have expanded it.  
319 The current draft doesn't end that until the end of 2019, and  
320 my amendment would end it at the end of this calendar year,

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321 the end of 2017.

322 I also intend to offer an amendment to make sure that  
323 there is a date certain that the transition period back to  
324 the normal FMAP match occurs. Under the current draft, it is  
325 never definitively ended. My amendment would give a date  
326 certain of 2023.

327 I plan to work very closely during the debate on both --  
328 all of the amendments. I look forward to a thoughtful markup  
329 and, at the end of the process, moving the bill I believe to  
330 the Budget Committee.

331 I would be happy to yield the remaining 1 minute to  
332 anybody on the Republican side that wishes to use it. Seeing  
333 no hands, I yield back, Mr. Chairman.

334 The Chairman. The gentleman yields back. The chair  
335 recognizes the gentlelady from Florida, Ms. Castor, for 3  
336 minutes.

337 Ms. Castor. Well, thank you, Mr. Chairman, and  
338 colleagues. This is a very disappointing place to start  
339 because this Republican bill will eliminate health coverage  
340 for millions of Americans. Plus, it takes this very radical  
341 turn against our neighbors that are in nursing home care,  
342 Alzheimer's patients, kids, that rely on Medicaid for their  
343 health services. A large portion of this bill really is  
344 focused on eliminating their care and eliminating the support

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345 to states that is vital for so many of our neighbors.

346 What is interesting with this bill, it is in stark  
347 contrast to what the Democrats did a few years ago. The  
348 House Republicans for about 7 years have promised to replace  
349 the Affordable Care Act with something better and cheaper.  
350 This bill does not do that.

351 Speaker Paul Ryan promised the American people their  
352 replacement bill would go through a thorough and transparent  
353 legislative process. Well, we know that is not true either.  
354 This bill was released less than 48 hours ago without a  
355 bipartisan Congressional Budget Office score. So we don't  
356 know how much it is going to cost. Experts say it is going  
357 to add to the deficit.

358 We don't know how many people are going to lose their  
359 insurance and how high the uninsured rate will go up in  
360 America because of this bill, because they didn't take the  
361 time to wait to see what that CBO score said.

362 On the Today Show with Matt Lauer, right at the end of  
363 February the Speaker said, "We are going through the  
364 committee process. We are going to do this step by step. We  
365 are having public hearings. We are having committees work on  
366 legislation. This is how the legislative process is  
367 designed. We are not hatching some bill in a back room and  
368 plopping it on the American people's front door."

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369 Well, that is not true. We had members of Congress,  
370 Democrat and Republican, the end of last week searching the  
371 halls of the Capitol in back rooms for the bill, and they  
372 wouldn't produce it until Monday night. Less than a week  
373 later, the House Republicans are reneging on Speaker Ryan's  
374 pledge to introduce their replacement bill.

375 Unlike the House Republicans, Democrats took the  
376 Affordable Care Act through an open and transparent process.  
377 Just a little reminder here, we held 79 bipartisan hearings  
378 and markups on the health insurance reform. House members  
379 back in the ACA days did 100 hours in hearings. We heard  
380 from 181 witnesses from both sides of the aisle. We  
381 considered 239 amendments, both Democratic and Republican,  
382 and accepted 121 amendments.

383 The original House bill was posted online for 30 days  
384 before the first committee began their markup. And then  
385 there were more than 100 days before the Tri-Committees  
386 formally introduced their merged bill. House Democrats  
387 posted the first House bill online for the promised 72-hour  
388 review.

389 This is important because this --

390 The Chairman. The gentlelady's time --

391 Ms. Castor. -- affects all Americans --

392 The Chairman. -- has expired.

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393 Ms. Castor. -- all of our neighbors. They deserve a  
394 chance to weigh in, tell their stories.

395 The Chairman. The gentlelady's time has expired. The  
396 chair recognizes the gentleman from Michigan, Mr. Upton, for  
397 1 minute.

398 Mr. Upton. Well, thank you, Mr. Chairman. Those who  
399 know me know that I have got a long record of bipartisanship,  
400 especially when it comes to health care. I was proud to  
401 author with Representative DeGette legislation to speed up  
402 Cures that passed this committee unanimously, and it was  
403 signed into law by President Obama.

404 Sadly, this same bipartisan approach was not used in  
405 enacting Obamacare, and it shows. Premiums were promised to  
406 go down, but they increased by more than 16 percent just last  
407 year in Michigan. We passed a bill in 2013 that simply said,  
408 "If you like your healthcare plan, you can keep it," on the  
409 House floor. That would have helped the nearly 5 million  
410 Americans who were kicked off their health plans under  
411 Obamacare.

412 Most would agree that Obamacare is failing. Right now,  
413 Americans need results. Our families deserve access to  
414 quality health care, especially our most vulnerable and those  
415 with preexisting conditions. You will hear a lot of  
416 discussion today about Medicaid expansion. In Michigan, the

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417 number of folks enrolled exceeds 650,000. This bill ensures  
418 that the rug is not pulled out from underneath them.

419 The American people want and deserve a better way. I  
420 remain committed to working with all my colleagues to deliver  
421 bipartisan healthcare reform and relief for all.

422 I yield back.

423 The Chairman. The gentleman's time has expired. The  
424 chair recognizes the gentleman from Illinois, Mr. Rush.

425 Mr. Rush. I want to thank you, Mr. Chairman. Mr.  
426 Chairman, I am in total opposition to this devastatingly  
427 draconian and unabashedly evil bill that seems to wreak havoc  
428 on the most vulnerable segment of our population, the working  
429 poor.

430 First and foremost, Mr. Chairman, my opposition stems  
431 from the way that this bill has been brought to us today.  
432 This bill was produced in the interest of a process that our  
433 constituents on both sides of the aisle have vocally and  
434 vehemently opposed.

435 And I am sure everyone on this committee is aware, Mr.  
436 Chairman, that just last week Speaker Ryan on the Today Show  
437 stated that, "We are going through a committee process, and  
438 we are having public hearings."

439 Mr. Chairman, what impact did the members of this  
440 committee have into this legislation? What hearings were

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441 held that allowed us and the public to learn about the impact  
442 of this bill? The answer to those questions, Mr. Chairman,  
443 is absolutely none. Instead, this bill was hatched in a back  
444 room, prevented from being read by all but a select few, and  
445 plopped on last night's dinner table for the American people  
446 to digest and to just live with.

447 This paper moon process --

448 The Chairman. The gentleman's time has expired.

449 Mr. Rush. -- has been so hush --

450 The Chairman. The gentleman's time has expired. The  
451 chair recognizes the gentleman from Pennsylvania, Mr. Murphy,  
452 for 1 minute.

453 Mr. Murphy. Thank you, Mr. Chairman. I appreciate that  
454 we are moving forward on this. I know one of the concerns I  
455 heard so consistently from my constituents was that in some  
456 cases under the Affordable Care Act they could afford the  
457 premiums; they couldn't afford to get sick because the  
458 deductibles were so massive for them, heard that time and  
459 time again, and this bill will fix that and make it  
460 affordable.

461 The second thing -- I intend to offer an amendment later  
462 today regarding mental health care. This committee worked  
463 long, long hours to work on the Helping Families in Mental  
464 Health Crisis Act, which was put into the Cures Act, Mr.

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465 Upton's Cures Act.

466 And parity is extremely important to all of us to make  
467 sure that mental health coverage remains intact. And I want  
468 to make sure that we do that in this bill and as we move  
469 forward, because we know when states coordinate care and  
470 integrate care between mental health and physical health  
471 coverage that they actually provide better care, more  
472 compassionate care, and lower cost care. So I will be  
473 offering that later.

474 And with that, Mr. Chairman, I yield back.

475 The Chairman. We appreciate that. I now recognize my  
476 friend from California, Ms. Eshoo, for 1 minute.

477 Ms. Eshoo. Thank you, Mr. Chairman. This is a very big  
478 day, and this is a very important undertaking. And, Mr.  
479 Chairman, you are my friend, you are my colleague, but I am  
480 disappointed in this process. It really doesn't reflect the  
481 way you have operated before. It hasn't been transparent.  
482 We have been noticed right within -- you know, within seconds  
483 of when it needs to be noticed. It is rushed. Members are  
484 squeezed in terms of their comments. So this is a lousy  
485 process, in plain English.

486 Now, we have heard a great deal about the advertising  
487 and the rhetoric. This is going to be for everyone. It is  
488 going to cost less and people are going to get more. But

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489 this doesn't pass the test of what the advertising is. This  
490 bill actually reduces benefits; it increases costs.

491 The Chairman. The gentlelady's --

492 Ms. Eshoo. According to the CBO --

493 The Chairman. -- time has expired.

494 Ms. Eshoo. And this bill is not scored either. We are  
495 in such a rush our colleagues don't want to know what it  
496 costs, is it going to --

497 The Chairman. The gentlelady's time --

498 Ms. Eshoo. -- produce more deficits --

499 The Chairman. -- has expired.

500 Ms. Eshoo. -- and I will have more to say about it.

501 The last thing I want to say is, all of the members are  
502 enrolled in Obamacare. All of us.

503 The Chairman. The gentlelady's time has expired.

504 Ms. Eshoo. And if it is good enough for us, it should  
505 be good enough for our constituents.

506 The Chairman. The gentlelady's time --

507 Ms. Eshoo. Thank you.

508 The Chairman. -- has expired. The chair recognizes  
509 the gentleman from Texas, Mr. Burgess, Dr. Burgess, the  
510 Chairman of the Subcommittee on Health, for 1 minute.

511 Mr. Burgess. Thank you, Mr. Chairman, and I appreciate  
512 the opportunity to be able to speak on what may well be the most

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513 important bill that I will have worked on in my congressional  
514 career. I have devoted my professional life to health care.  
515 I have devoted my time in public service to health policy.  
516 It is my highest priority to improve the state of health care  
517 in our nation, and to do so we must put patience first, above  
518 politics, above partisanship.

519 Mr. Chairman, unfortunately, the Affordable Care Act is  
520 packed with Washington mandates and federal regulations. One  
521 of the biggest cost drivers is the one-size-fits-all,  
522 Washington-knows-best approach, and I believe we are going to  
523 go far down the road of correcting that with this legislation  
524 today.

525 Again, I would remind the committee that this is about  
526 people, helping people, making tough decisions. The  
527 Affordable Care Act is nothing shy of a failed political and  
528 social experiment that ignored the need, the desire, and the  
529 will of individuals across this country. To those people I  
530 simply say, "We hear you." I yield back.

531 The Chairman. The gentleman's time has expired. The  
532 chair recognizes the gentleman from New York, Mr. Engel, for  
533 1 minute.

534 Mr. Engel. Well, as Ronald Reagan used to say, there  
535 you go again. The people that didn't like Obamacare, they  
536 are going to hate this. This is going to cost them more,

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537 give them less coverage, bad for Americans, terrible for  
538 seniors. People making between \$25- and \$75,000 are the ones  
539 who are really going to be terribly harmed.

540 In my district, more than 100,000 people have gained  
541 coverage through the Marketplace or the Medicaid expansion.  
542 This will all go away.

543 You know, Republicans gave Americans less than 2 days to  
544 evaluate a bill that will radically restructure the Medicaid  
545 program, shift trillions of dollars onto states, forcing them  
546 to ration care and rip health coverage away from 30 million  
547 people. In short, the bill is a disgrace. We should have  
548 been working together to repair Obamacare. Any major bill  
549 that is passed like that needs to be tweaked when we see how  
550 it works. It was true of Medicare, Medicaid, the civil  
551 rights acts of the 1960s.

552 We could have worked together. But, instead, when we  
553 get -- we removed Obamacare, which helped so many people.  
554 Yes, there were problems --

555 The Chairman. The gentleman's --

556 Mr. Engel. -- with it. This doesn't fix it; it makes  
557 it worse.

558 The Chairman. The gentleman's time has expired. The  
559 chair recognizes the gentlelady, the Subcommittee Chair for  
560 Telecommunications, Mrs. Blackburn.

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561 Mrs. Blackburn. Thank you, Mr. Chairman. And I am  
562 appreciating this revision as history that is going on about  
563 what was posted, what was passed, what was read, and we know  
564 what caused disruption. I want to thank Mr. Barton for the  
565 amendments that he will offer that will address concerns that  
566 some of us have.

567 I applaud the efforts of this committee with the Patient  
568 and State Stability Fund programs. This is something that  
569 will give some needed flexibility to our states to allow them  
570 to address the needs that their -- that our constituents,  
571 their constituents, have. We know that this legislation led  
572 to a law that is too expensive to afford and too expensive to  
573 use, and I appreciate our efforts to get it off the books and  
574 address the concerns of our constituents.

575 Yield back.

576 The Chairman. The gentlelady yields back the balance of  
577 her time. The chair recognizes the gentleman from Texas, Mr.  
578 Green.

579 Mr. Green. Thank you, Mr. Chairman. This bill has had  
580 no public hearings, no Congressional Budget Office cost  
581 estimates. It will have less healthcare coverage, more  
582 uninsured, fewer protections, higher cost, and that is what  
583 this bill will mean for millions of Americans.

584 It will lead to millions losing health care. People pay

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585 more for less in ration and care. This plan makes a  
586 meaningful healthcare standard worse for millions of  
587 Americans. Under this plan, many Americans will be pushed  
588 into bad coverage that they can't afford to use, and millions  
589 more will become uninsured altogether.

590 It in no way lives up to the rhetoric President Trump  
591 said that the Republican plan will mean coverage for everyone  
592 at much lower cost. Conservative leader Avik Roy went so far  
593 as to say, "Expanding subsidies for high earners, cutting  
594 health coverage off from working poor, it sounds like a left  
595 wing caricature of a mustache-twirling, top-hatted,  
596 Republican fat cat." I agree with him.

597 The repeal bill will not protect patients, will not save  
598 money, and will not help working families. Instead, it is a  
599 drastic, devastating step backward, and the only people who  
600 stand to benefit are the healthy and the wealthy. And I will  
601 yield back my time.

602 The Chairman. The gentleman yields back the balance of  
603 his time. The chair recognizes the gentleman from Louisiana,  
604 the Whip of the House, Mr. Scalise.

605 Mr. Scalise. Thank you, Mr. Chairman. I think let us  
606 first be clear why we are here. Obamacare has failed the  
607 American people. This is my original version of Obamacare.  
608 I had just gotten on the committee in 2009, sat way down

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609 there at the very end as a freshman on this committee when  
610 Obamacare came through, and we predicted when we read this  
611 bill the devastation that would occur.

612 Why do you think families are experienced double-digit  
613 price increases in their healthcare premiums every single  
614 year because of Obamacare? It is in the bill. We said it  
615 was going to happen. Families are facing over \$10,000  
616 deductibles in many cases because of the unworkable mandates  
617 in taxes in this bill. Families have been begging for relief  
618 from this law and saying, "Just give us freedom. Let us make  
619 our own healthcare choices. No unelected bureaucrat in  
620 Washington should be able to tell you what you can or can't  
621 buy in such an important personal decision."

622 I applaud not only the Chairman and our other colleagues  
623 here in the House, I applaud President Trump for working with  
624 us to bring forward a bill that is common sense, that lets  
625 patients be in charge of their healthcare decisions, so we  
626 can lower costs and actually put them back in charge of this  
627 very personal decision. We need to pass --

628 The Chairman. The gentleman's time --

629 Mr. Scalise. -- this will and get the President to  
630 sign it. I yield back.

631 The Chairman. -- has expired. The chair recognizes  
632 the gentlelady from Colorado for a 1-minute opening

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633 statement.

634 Ms. DeGette. Thank you, Mr. Chairman. Mr. Chairman,  
635 even though the majority has refused to send this bill a  
636 score to the CBO before we mark it up, Joe Antos from the  
637 American Enterprise Institute has estimated that 10 to 15  
638 million people will lose their insurance because of this  
639 legislation, and a number of other think tanks have said the  
640 same.

641 I want to ask you a question, Mr. Chairman. Who are  
642 those 10 to 15 million people? Is it Laurie Dunkley, my high  
643 school classmate who finally got insurance when she was age  
644 56 of the Medicaid expansion? Is it the young woman who came  
645 to my listening session and said that finally, after years of  
646 mental illness, she was able to get treatment and now she is  
647 in graduate school and she is going to have a great job?

648 Is it your next-door neighbor? Is it your healthcare  
649 provider? Who are these 10 to 15 million people who are  
650 going to lose health insurance? We should sit down together,  
651 just like we did on 21st Century Cures. We should come up  
652 with a bill that fixes Obamacare that we could pass  
653 unanimously, and then we could uphold the proud tradition of  
654 this committee.

655 I yield back.

656 The Chairman. The gentlelady's time has expired. The

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657 chair recognizes the gentleman from Ohio, Mr. Latta, for  
658 purposes of a 1-minute opening statement.

659 Mr. Latta. Well, thank you very much, Mr. Chairman, and  
660 thanks for holding this hearing today. And I think what the  
661 American people want, and what we want to get done here  
662 today, is to make sure that we have a patient-centered  
663 healthcare system.

664 As the gentleman, my colleague from Louisiana mentioned,  
665 we have seen that over time the Obamacare has not worked.  
666 And just by the numbers, 25 percent increase in premiums on  
667 most Americans this past year. One-third of the counties in  
668 this country only offer 1 insurer; 4.7 million Americans were  
669 kicked of their healthcare plans because of Obamacare; 18  
670 failed Obamacare COOPs out of 23, costing the taxpayers about  
671 almost \$2 billion.

672 This does not work, Mr. Chairman. And I appreciate you  
673 holding this markup today, and I yield back.

674 The Chairman. The gentleman yields back the balance of  
675 his time. The chair now recognizes the gentleman from  
676 Pennsylvania, Mr. Doyle, for a 1-minute opening statement.

677 Mr. Doyle. Thank you, Mr. Chairman. For 7 years, you  
678 promised the American people you are going to repeal and  
679 replace Obamacare. And this is what you have come up with?  
680 This is a bad joke. No wonder you have been hiding this dog

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681 in a cave with an armed guard until Monday night. No wonder  
682 you are not holding hearings on this bill. No wonder you are  
683 rushing through this markup. No wonder you are going to try  
684 to vote it in 2 weeks.

685 Today Republicans give you survival of the fittest,  
686 starring health care for the healthy and wealthy. For the  
687 rest of Americans, you are going to pay more money, you are  
688 going to get less coverage.

689 The American Enterprise Institute, 10 to 15 million  
690 people are going to lose their health care. And how do they  
691 pay for this dog? Over in the Ways and Means Committee, they  
692 are playing reverse Robin Hood; \$600 billion in tax cuts for  
693 companies and rich people. Boy, they really are looking  
694 forward to getting that money. And you pay for this bill on  
695 the backs of the Medicaid expansion and Medicare recipients.  
696 It is disgraceful.

697 And when people find out about this bill, you are going  
698 to wish you don't go anywhere near your hometown town hall  
699 meetings.

700 The Chairman. The gentleman's time has expired.

701 Mr. Doyle. You have been ducking them. And wait until  
702 you go home and get a handful of this.

703 The Chairman. Time has expired. The chair recognizes  
704 the gentleman from New Jersey, Mr. Lance, for 1 minute for

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705 opening statement. He yields.

706 Mr. Guthrie. Mr. Olson. Yields. Mr. McKinley. Yield.

707 Mr. Griffith. Yield. Who is after that? Mr. Bilirakis.

708 Mr. Bilirakis. Yield.

709 The Chairman. Mr. Johnson.

710 Mr. Johnson. Yield.

711 The Chairman. All right. Mr. Long. Mr. Mullin. Oh,

712 no, wait. We have got to come over here. Mr. Bucshon,

713 right? No. Mr. Flores. Mrs. Brooks.

714 Mrs. Brooks. Thank you, Mr. Chairman.

715 The Chairman. I recognize you for 1 minute for opening  
716 statement.

717 Mrs. Brooks. Today's markup is the beginning of an open  
718 and transparent process that will repeal Obamacare and  
719 rebuild our healthcare system, so that Americans' healthcare  
720 coverage works better for them. Today 45 percent of people  
721 paying the penalty for not buying insurance who have  
722 requested an exemption under the Obamacare individual mandate  
723 are under 35 years old.

724 The individual mandate is bad policy and doesn't work.  
725 I have been hearing this from my constituents for years.  
726 Young, healthy people simply aren't buying insurance  
727 coverage, which is driving up costs and premiums for everyone  
728 who does. Our plan encourages people of all ages to enroll

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729 in a plan that is right for them and incentivizes them to  
730 stay covered, making that coverage more affordable for  
731 everyone.

732 While making important reforms like this one, our plan  
733 also preserves important healthcare provisions -- protecting  
734 coverage for people with preexisting conditions, banning  
735 lifetime caps, keeping Medicare Part 2 doughnut hole, and  
736 allowing young adults under the age of 26 to remain on their  
737 parents' insurance plans.

738 I look forward to our colleagues working to get this  
739 passed, and I yield back.

740 The Chairman. I thank the gentlelady. Now recognize  
741 the gentlelady from Illinois, Ms. Schakowsky, for 1 minute  
742 for an opening statement.

743 Ms. Schakowsky. As President Trump often says, bad,  
744 sad.

745 [Laughter.]

746 Ms. Schakowsky. Even if we could all agree that we need  
747 to make health care more affordable and accessible, this bill  
748 does the opposite. You pay more and you get less. The  
749 Republican repeal bill even gives huge tax breaks to the  
750 rich, while taking away health coverage from millions and  
751 millions of Americans, drastically increasing the costs in  
752 health insurance with the biggest increases for seniors and

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753 working families.

754 It would radically change the Medicaid program, slashing  
755 funding and covering fewer people. The bill will force  
756 governors and state legislators to ration care. And who will  
757 they want to cut, or who will they cut? Children, the  
758 elderly, people with disabilities. In fact, our Republican  
759 Governor, Bruce Rauner, said that our state, Illinois, "Won't  
760 do very well," if the Republican repeal bill becomes law.

761 I oppose this bill because I believe that all Americans  
762 deserve access to Affordable Care Act.

763 The Chairman. The gentlelady's --

764 Ms. Schakowsky. If we want to work together, let us --

765 The Chairman. -- time has expired.

766 Ms. Schakowsky. -- fix Obamacare.

767 The Chairman. The gentlelady's time has expired. The  
768 chair recognizes the gentleman from Oklahoma, Mr. Mullin, for  
769 1 minute.

770 Mr. Mullin. I reserve my time.

771 The Chairman. The gentleman reserves his time. The  
772 chair recognizes the gentleman, Mr. Butterfield, for 1 moment  
773 -- 1 minute for an opening statement.

774 Mr. Butterfield. One of the proudest days in American  
775 legislative history was the enactment of the Affordable Care  
776 Act. It put in place a way for every American citizen to

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777 obtain affordable healthcare coverage. The law provides  
778 subsidies for those low and middle income Americans to assist  
779 with the purchase of insurance and took insurance companies  
780 out of the equation. It prevents insurance companies from  
781 denying coverage.

782 It provided for expanding Medicaid to allow those low  
783 income, childless adults to obtain coverage through the  
784 Medicaid program, and we agreed to pay 90 percent of the  
785 cost. You have tried and failed on more than 50 occasions to  
786 repeal this law.

787 Now you have a President who is willing to join you in  
788 your repeal efforts. You want to eliminate subsidies, and  
789 you want to replace them simply with a \$2,000 tax credit that  
790 taxpayers will receive on their taxes. Millions of Americans  
791 don't have the money to pay for insurance without assistance.  
792 You must know that. You have the numbers here in this House  
793 to pass this legislation, but you must -- as Mr. Doyle said a  
794 minute ago, you must understand the political consequences  
795 when you take 20 million people and take their insurance away  
796 from them.

797 The Chairman. The gentleman's time has expired. The  
798 chair recognizes I guess next the gentleman from New York,  
799 Mr. Collins.

800 Mr. Collins. Mr. Chairman, I reserve.

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801 The Chairman. The chair would now recognize the  
802 gentlelady from California, my friend Ms. Matsui, for 1  
803 minute for an opening statement.

804 Ms. Matsui. Thank you, Mr. Chairman. Six years ago, we  
805 carefully crafted a plan that has provided access to care for  
806 over 20 million people. Today you are taking all of that  
807 away. This so-called plan will do nothing but ration care  
808 and drive up costs for hardworking families across this  
809 country.

810 Hundreds of people in my district have filled my town  
811 halls, called my office, and written me about how they rely  
812 on the ACA's benefits, people like Kate Washington, who came  
813 to my town hall in Sacramento and described her husband's  
814 battle with cancer. She spoke about the importance of  
815 removing lifetime caps on coverage included in the ACA.

816 This is personal for Kate. It is personal for all of my  
817 constituents. It is personal for me. Democrats are not  
818 going to stand for this plan to slash funding for long-term  
819 care, substance abuse, and preventive services; will not  
820 engage in this effort to raise out-of-pocket costs for  
821 seniors; reverse the progress we have made on mental health  
822 reform; and put Medicare at risk.

823 We are united in our determination to stop this attempt  
824 to ration care for the most vulnerable in our communities.

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825 There is so much on the line today --

826 The Chairman. The gentlelady's --

827 Ms. Matsui. -- for so many --

828 The Chairman. -- time --

829 Ms. Matsui. -- and Republicans are ignoring what is at  
830 stake.

831 The Chairman. The gentlelady's time has expired. The  
832 chair recognizes the gentleman from North Dakota, Mr. Cramer.

833 Mr. Cramer. I reserve.

834 The Chairman. The gentleman reserves his time. Mr.  
835 Sarbanes, you are recognized for 1 moment -- 1 minute for  
836 purposes of an opening statement.

837 Mr. Sarbanes. Thank you, Mr. Chairman. Make no  
838 mistake, this proposal will effectively destroy the health  
839 insurance exchanges, which have made a difference for  
840 millions of Americans across the country. It downgrades the  
841 credits that are available in the exchanges and eliminates  
842 other supports that offer relief from deductibles and co-  
843 pays.

844 The bottom line is the cost of purchasing health care in  
845 the exchanges will go up for many people, particularly for  
846 older Americans, those who are approaching Medicare but are  
847 not yet eligible who are trying to get coverage. This will  
848 effectively destroy the Medicaid program. It takes money

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849 away from the Medicaid program, which serves millions of  
850 hardworking Americans, people with disabilities, seniors in  
851 nursing homes, while giving a huge tax break to wealthy  
852 Americans, pharmaceutical companies, and the health insurance  
853 industry.

854 This proposal, the GOP proposal, sends us back to the  
855 days where millions of people are left out of the healthcare  
856 system and turn to hospital emergency rooms to get their  
857 care, driving the cost of premiums up for everyone else.

858 I yield back.

859 The Chairman. The gentleman yields back the balance of  
860 his time. The chair recognizes the gentlelady from  
861 California, Mrs. Walters.

862 Mrs. Walters. Thank you, Mr. Chairman. As we work to  
863 improve the Medicaid program, it is necessary that we  
864 maintain the existing state-federal partnership. A key piece  
865 of the reforms we are considering today is providing states  
866 with the flexibility to administer their individual programs.  
867 That includes the ability for states to innovate and  
868 implement initiatives within federal Medicaid guidelines.

869 Flexibility is critical because many states have  
870 implemented programs, such as California's Hospital Financing  
871 Program, to supplement state Medicaid funds. It is  
872 encouraging that nothing in this legislation limits that

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873 state flexibility to administer such programs.

874 Reforming the existing Medicaid program is critical.

875 Without reform, we cannot ensure quality to our most

876 vulnerable populations while safeguarding the long-term

877 solvency of this essential program. An improved state-

878 federal partnership that expands state flexibility is just

879 one of the ways we can achieve that goal.

880 I yield back the balance of my time.

881 The Chairman. The gentlelady yields back the balance of

882 her time. The chair recognizes the gentleman from

883 California, Mr. McNerney, for a 1-minute opening statement.

884 Mr. McNerney. Thank you, Mr. Chairman. This Republican

885 plan is trying to do health care on the cheap. The bottom

886 line is that if you are family living paycheck to paycheck,

887 you have a lot to be afraid of. You will either pay more for

888 less coverage or you will lose coverage altogether.

889 In the 3 counties of my district, 263,000 gained

890 coverage with the Affordable Care Act. All of them are at

891 risk. In San Joaquin County, 4,000 people's jobs will be

892 lost if the ACA is repealed like this. The Republican plan

893 enhances health savings accounts, but how does that help

894 people that live paycheck to paycheck? States will get less

895 funding for Medicaid and will throw people off coverage or

896 provide less coverage.

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897 This plan is especially hurtful to seniors with a  
898 double-whammy. They will have higher premiums or tax credit  
899 reductions. So why are we doing this? This is a charge of  
900 the Light Brigade. Your members will get hurt, and this bill  
901 has no chance of passage.

902 Mr. Chairman, withdraw this message bill, and work with  
903 us to improve the Affordable Care Act. I yield back.

904 The Chairman. The gentleman's time has expired. The  
905 chair recognizes the gentleman from Pennsylvania, Mr.  
906 Costello, for an opening statement.

907 Mr. Costello. Reserve.

908 The Chairman. The gentleman reserves. The chair  
909 recognizes the gentleman from Vermont, Mr. Welch.

910 Mr. Welch. Thank you, Mr. Chairman. You know, there  
911 has been a lot of discussion about the fact that this bill  
912 has just appeared yesterday and that it was being hidden.  
913 Was it really being hidden from Democrats in America, or was  
914 it being hidden from your freedom caucus?

915 They say that this bill is a phony repeal of Obamacare.  
916 And you want to know something? They are right. Because  
917 there is a lot of plagiarism in this bill. The insurance  
918 reforms that all of you voted against you are now bragging  
919 you are keeping. The subsidies that you say are horrible you  
920 have changed from a direct subsidy that actually provided

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921 meaningful access to health care to on-the-cheap tax credits  
922 that don't do the job, but that is an entitlement that you  
923 say you are against.

924 The mandate, you have decried the mandate. But what you  
925 have done is imposed a 30 percent penalty, and the revenues  
926 don't go to the healthcare program; the revenues go to the  
927 insurance companies. What is going on here?

928 The Chairman. The gentleman's time has expired. The  
929 chair recognizes the gentleman from Georgia, Mr. Buddy  
930 Carter, for 1 minute.

931 Mr. Carter. Thank you, Mr. Chairman. Today we are  
932 taking the first step to fixing our healthcare system that is  
933 failing for millions of Americans. After watching promise  
934 after promise broken, it is clear that a top-down, one-size-  
935 fits-all model for health care has provided us with little  
936 choice in a wealth of mandates.

937 Our plan recognizes that people deserve patient-centered  
938 care, not more bureaucracy. You should have the freedom and  
939 the flexibility to choose the care that is best for you.  
940 Insurers should compete for your business and treat you  
941 fairly, no matter what. And at every step, at every step,  
942 patients should be in the driver's seat.

943 We are taking steps in our plan to strengthen the  
944 healthcare market by loosening Obamacare's age rating ratio,

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945 which is used to adjust premium amounts according to an  
946 individual's age. This unrealistic regulation has filled  
947 insurance pools with older, less healthy individuals while  
948 driving younger and healthy individuals from the insurance  
949 market, driving the cost of health care up for everyone.

950 As members of Congress, we have a responsibility not to  
951 sit idly by but to take --

952 The Chairman. The gentleman's --

953 Mr. Carter. -- the necessary steps --

954 The Chairman. -- time --

955 Mr. Carter. -- to repair our healthcare system, and I  
956 yield back, Mr. Chairman.

957 The Chairman. The gentleman's time has expired. The  
958 chair recognizes the Chairman of the DCC, my friend from New  
959 Mexico, Mr. Lujan.

960 Mr. Lujan. Thank you, Mr. Chairman. Today's bill  
961 should be about real people, real families living check to  
962 check, real parents trying to care for their sick kids, but  
963 that is not the bill before us today, not even close. This  
964 legislation begs 2 questions for my friends across the aisle.  
965 Have they forgotten these real hardworking people, or are  
966 they intentionally ignoring them? Because this bill pits  
967 sick children against aging grandparents, and it turns its  
968 back on families living check to check.

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969           The bill literally charges the disabled, senior  
970 citizens, women, and children more, then gives tax breaks to  
971 the very wealthy and to insurance companies. As Mr. Spiro  
972 wrote, "It is Republicans who are rushing to jam through  
973 their legislation to repeal the law in a highly secretive  
974 process." Speaker Ryan said, "We are not hatching some bill  
975 in a back room and plopping it on the American people's front  
976 door." I will say, just check Rand Paul's Twitter feeds.

977           This is what Mr. Spiro also wrote, "Republicans are  
978 making their members walk the plank with blindfolds on  
979 because they have no other choice." I hope my colleagues ask  
980 the tough questions that their constituents are demanding,  
981 because this is the time to ask those questions. We cannot  
982 go home to our people --

983           The Chairman. The gentleman's time --

984           Mr. Lujan. -- that have entrusted us without --

985           The Chairman. -- has expired.

986           Mr. Lujan. -- any answers.

987           The Chairman. The chair recognizes the gentleman from  
988 North Carolina, Mr. Hudson, for 1 minute.

989           Mr. Hudson. Thank you, Mr. Chairman. Today is a great  
990 day for America. Today is about Sandra from Stanley County,  
991 North Carolina, whose deductible increased from \$200 a month  
992 before Obamacare to over \$3,000 a month. She told me that

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993 she actually some months has to decide between going to the  
994 doctor and buying groceries.

995 It is about Kevin from Cabarras County, North Carolina,  
996 whose insurance premiums rose from \$110 a month to \$730 a  
997 month, a 700 percent increase, with a deductible of \$7,600.  
998 That means he has got to pay \$16,000 out of pocket before he  
999 even accesses health care.

1000 This is about Colleen, a small business owner who  
1001 started a business in her garage, now has 30 employees.  
1002 After the Affordable Care Act passed, she got a letter saying  
1003 her insurance company was dropping their coverage. They were  
1004 saying, "No, thanks."

1005 This is about real people out there who are being hurt,  
1006 and today we begin the process of bringing them relief, of  
1007 putting them in control, so that they can decide what kind of  
1008 health care they want and they can get it at a price that  
1009 they can afford.

1010 Mr. Chairman, I look forward to working with you on  
1011 this.

1012 The Chairman. The gentleman's --

1013 Mr. Hudson. It is not a perfect bill, but it is the  
1014 right direction. Thank you.

1015 The Chairman. The gentleman's time has expired. I  
1016 appreciate the gentleman's comments. We will now go to Mr.

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1017 Tonko for 1 minute.

1018 Mr. Tonko. Thank you, Mr. Chair. I had prepared a  
1019 longer, more detailed opening statement, but in yet another  
1020 breach of this committee's tradition and protocols that are  
1021 quickly becoming the norm, I was informed that members would  
1022 only be allowed 1 minute to speak. This is clearly an  
1023 attempt to silence us. Our voices, and the voices of the  
1024 American people, however, will not be silenced.

1025 With the brief time that I do have, let me just say that  
1026 the Republican repeal plan before us is a tax cut bill  
1027 dressed up as a healthcare bill. Nothing in this bill will  
1028 lower out-of-pocket healthcare costs for families or address  
1029 outrageous prescription drug prices. Nothing in this bill  
1030 will make Americans healthier or more financially secure.

1031 Most egregiously, this bill will rip health care away  
1032 from millions of currently insured Americans in a cynical  
1033 ploy to deliver tax cuts to the super rich.

1034 I oppose this bill, and I will fight it with every fiber  
1035 of my being and with all of the energy I have because, unlike  
1036 some of my colleagues on the other side of the aisle, I did  
1037 not get elected to take health care away from my  
1038 constituents.

1039 The Chairman. The gentleman's time has expired.

1040 Mr. Tonko. I yield back.

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1041 The Chairman. The chair recognizes the gentlelady, Ms.  
1042 Clarke, for a minute for opening statement.

1043 Ms. Clarke. Mr. Chairman, I reserve.

1044 The Chairman. The gentlelady reserves. The chair  
1045 recognizes the gentleman from Iowa for an opening statement.

1046 Mr. Loeb sack. Mr. Chair, I reserve.

1047 The Chairman. The Chairman recognizes the gentleman  
1048 from Oregon, Mr. Schrader, for an opening statement.

1049 Mr. Schrader. Reserve also.

1050 The Chairman. The gentleman recognizes Mr. Kennedy.  
1051 Reserves. Where do we go next? The gentleman from  
1052 California I guess is next -- I am just trying to figure out  
1053 the flow here -- is recognized for 1 minute.

1054 Mr. Cardenas. Mr. Chairman, I reserve.

1055 The Chairman. Reserves. I recognize the gentleman, the  
1056 other gentleman, another gentleman from California, Mr. Ruiz.

1057 Mr. Ruiz. Thank you, Mr. Chairman. I became a doctor  
1058 to help struggling families get the care they need when they  
1059 need it most. Healthcare providers like me want nothing more  
1060 than for patients to have adequate health coverage so they  
1061 can have the access to care that they need -- preventative,  
1062 primary, follow-up services, you name it.

1063 But just because coverage is offered, if people can't  
1064 afford it, what good will it do? Affordability equals

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1065 access. In my years in medicine, I have never met a patient  
1066 who didn't have coverage because they didn't want it. They  
1067 didn't have coverage because they couldn't afford it, so I am  
1068 deeply concerned that this bill make premiums and other  
1069 healthcare costs unaffordable for working families and  
1070 seniors, and they will lose their insurance and care.

1071 At a time when far too many Americans are living  
1072 paycheck to paycheck, this bill will impose harsh penalties,  
1073 call it a sick tax, for patients for an entire year if, for  
1074 no fault of their own, lost their job and lost their  
1075 insurance. It will drastically increase premiums for seniors  
1076 because they will have to pay 5 times more coverage than  
1077 young adults.

1078 This bill is unacceptable. This will make health care  
1079 more costly for families, for seniors, and they will get --

1080 The Chairman. The gentleman's --

1081 Mr. Ruiz. -- less in return.

1082 The Chairman. -- time has expired. The chair would  
1083 recognize the gentleman from Mississippi, Mr. Harper, for 1  
1084 minute for an opening statement.

1085 Mr. Harper. Reserve.

1086 The Chairman. The gentleman reserves. Who is next on  
1087 your side? Mr. Peters, for an opening statement.

1088 Mr. Peters. Thank you, Mr. Chairman. I wasn't here for

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1089 the fight over Obamacare, but I came to this committee this  
1090 year antsy to be part of a constructive effort to continue to  
1091 improve the healthcare system. And there are a lot of great  
1092 things in the Affordable Care Act, which apparently the  
1093 majority agrees, because they are trying to preserve or  
1094 recreate many of them.

1095 In some places like my district where so many get  
1096 insurance through their employer or through the Covered  
1097 California exchange, it is working pretty well. And, in  
1098 fact, in my district, the uninsured rate has dropped from 9.4  
1099 percent to 5.4 percent since the ACA was passed.

1100 But we know that in other markets they are lacking  
1101 competition and consumers are faced with fewer options. And  
1102 I acknowledge that these are challenges that need to be  
1103 addressed, but I also recognize that clearly there is no  
1104 interest from the majority in a bipartisan solution to fix  
1105 them.

1106 Instead, we have a proposal that would damage these  
1107 markets even further and shift more costs onto working  
1108 families. The majority gave up on getting any of our votes  
1109 before they even began writing their bill, and that is a  
1110 shame because we can do better. We have to do better. And I  
1111 hope whether this bill dies on the floor of the House or the  
1112 door to the Senate that we will do better than this.

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1113 The Chairman. The gentleman's time has expired. Are  
1114 there any members on the majority side that would like to see  
1115 recognition? Seeing none, the chair recognizes now the  
1116 gentlelady from Michigan, Mrs. Dingell, for 1 minute for an  
1117 opening statement.

1118 Mrs. Dingell. Thank you, Mr. Chairman. I have nothing  
1119 but respect for my colleagues on the other side, but,  
1120 respectfully, have huge differences today. Our job is to  
1121 represent the working men and women and their families of our  
1122 district, and to fight to protect them. As has been said  
1123 several times, pure and simply, this bill is less coverage,  
1124 fewer protections, and higher costs.

1125 I wasn't in Congress when we passed the Affordable Care  
1126 Act, but I know someone who was intimately involved in the  
1127 process. In fact, we are in a room that bears his name.  
1128 This was his life's work, and I can tell you that on behalf  
1129 of John Dingell, President Ted Kennedy -- or Ted Kennedy,  
1130 should have been, President Franklin Delano Roosevelt, and  
1131 the generations of other leaders who fought for the right of  
1132 every American for quality, affordable health care, we cannot  
1133 let you take health care away from people who need it most,  
1134 and we will not go down without a fight.

1135 I yield back the rest of my time.

1136 The Chairman. The gentlelady yields back the balance of

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1137 her time. Are there any members on the majority side seeking  
1138 recognition? Seeing none, any on the Democratic side seeking  
1139 recognition for an opening statement? Seeing -- is that a  
1140 yes now? Okay. The gentleman from Iowa, Mr. Loeb sack.

1141 Mr. Loeb sack. Thank you, Mr. Chair. Today we are  
1142 considering a bill that will rip quality care from Iowans.  
1143 This legislation works to repeal the Affordable Care Act,  
1144 which has helped Iowans get back on their feet and has  
1145 provided quality health care to thousands of Iowa families.

1146 Under the Affordable Care Act, 255,000 uninsured Iowans  
1147 gained expanded health insurance options, both through  
1148 Medicaid and private health plans within the marketplace.  
1149 Additionally, hundreds of thousands of Iowans have gained  
1150 coverage for affordable preventative healthcare services.

1151 Rather than improving our nation's health care, today's  
1152 legislation would move us backwards, stripping Iowans of  
1153 important healthcare services and covering fewer people at  
1154 higher costs. Since the debate about how to improve our  
1155 nation's healthcare system began, my number 1 priority has  
1156 been to ensure all Iowans and Americans have access to  
1157 quality, affordable care.

1158 This legislation undermines that goal. Make no mistake  
1159 about it. Today the health care of my constituents, Iowans,  
1160 and Americans is at risk, and that is something that I will

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1161 not stand for, and I yield back.

1162 The Chairman. The gentleman yields back. Okay. Let us  
1163 go through the list here. Ms. Clarke for 1 minute for  
1164 opening statement.

1165 Ms. Clarke. Thank you, Mr. Chairman. I am against the  
1166 sham reverse Robin Hood, take from the poor, give to the  
1167 rich, American Healthcare Act. The Republicans would like to  
1168 paint a rosy utopian picture of life prior to the Affordable  
1169 Care Act. That is fake news, as Donald Trump would say.

1170 Well, let me remind you of how it really was prior to  
1171 the Affordable Care Act. Prior to the ACA, in the United  
1172 States, one of the wealthiest nations in the world, we had  
1173 nearly 47 million Americans who lacked health insurance.  
1174 Additionally, a study by the Department of Health and Human  
1175 Services found that 17.1 million Americans under the age of  
1176 65 were underinsured, of which 9.3 million had employer-based  
1177 insurance.

1178 Tragically, people in these situations often had to go  
1179 without vital health care simply because they couldn't afford  
1180 it. However, after the passage of ACA, only 8.6 percent of  
1181 Americans, about 27.3 million people, are uninsured, the  
1182 first time in history that the nation's uninsured rate fell  
1183 below 9 percent.

1184 The American Healthcare Act puts all of these positive

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1185 gains at risk. We can't afford to go back to pre-ACA days.  
1186 Health care is a fundamental human right and not a commodity,  
1187 not an iPhone, as the Republicans are treating it, highly  
1188 reckless and extremely irresponsible. We have a  
1189 responsibility to our seniors --

1190 The Chairman. The gentlelady's time has expired.

1191 Ms. Clarke. And I yield back, Mr. Chairman.

1192 The Chairman. Other members seeking recognition? Mr.  
1193 Schrader for 1 minute.

1194 Mr. Schrader. Thank you, Mr. Chairman. The Affordable  
1195 Care Act is responsible for 20 million Americans getting  
1196 health care and hundreds of thousands of Oregonians. It has  
1197 begun to bend the cost curve in healthcare spending, putting  
1198 us on a path to sustainability and reducing our deficit, and  
1199 making sure the Medicare Trust Fund is solvent for many years  
1200 to come.

1201 I am disappointed to be here today as the Republicans  
1202 try and repeal this great act. We are marking the bill up  
1203 without any input from the Congressional Budget Office, risk  
1204 falling back on the progress we have made to reduce the  
1205 deficit and ensure seniors, children, and disabled have  
1206 access to health care.

1207 The bill we are considering also rolls back a lot of the  
1208 progress we have made in my home state of Oregon, to bring

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1209 down costs and improve outcomes without cutting  
1210 reimbursement. Perhaps worst of all, the bill in front of us  
1211 today rolled back a lot of successes we have had while  
1212 failing to fix the problems that need help. Rather than  
1213 reduce premiums, it has the potential to increase them as  
1214 much as 30 percent. We need to do better.

1215 The Chairman. The gentleman's time has expired. Any  
1216 members on the Republican side seeking recognition? Seeing  
1217 none, the chair recognizes the gentleman, Mr. Kennedy.

1218 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, I  
1219 was struck last night by a comment that I heard made by  
1220 Speaker Ryan where he called this repeal bill "an act of  
1221 mercy." With all due respect our Speaker, he and I must have  
1222 read different scripture. The one that I read calls on us to  
1223 feed the hungry, to clothe the naked, to shelter the  
1224 homeless, and to comfort the sick. It reminds us that we are  
1225 judged not by how we treat the powerful but by how we care  
1226 for the least among us.

1227 Mercy, defined in purely secular terms, compassionate  
1228 treatment for those in distress. It is kindness, and it is  
1229 grace. There is no mercy in a system that makes health care  
1230 a luxury. There is no mercy in a country that turns their  
1231 back on those most in need of protection -- the elderly, the  
1232 poor, the sick, and the suffering.

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1233           There is no mercy in a cold shoulder to the mentally  
1234 ill. There is no mercy in a policy that takes for granted  
1235 the sweat, the tears, and the sacrifice of working Americans  
1236 that they shed every day, so that they might care for their  
1237 families' basic needs -- good, shelter, health, and hope for  
1238 tomorrow. There is no mercy --

1239           The Chairman. The gentleman's time --

1240           Mr. Kennedy. -- for the 2.6 million --

1241           The Chairman. -- has expired.

1242           Mr. Kennedy. -- people who will lose their job if  
1243 Obamacare is repealed. This is not an act of mercy.

1244           The Chairman. The chair now recognizes --

1245           Mr. Kennedy. It is an act of malice.

1246           The Chairman. -- the gentlelady from Washington State,  
1247 the Conference Chairman for the Republicans, Mrs. Cathy  
1248 McMorris Rodgers, for 1 minute for an opening statement.

1249           Mrs. McMorris Rodgers. Thank you, Mr. Chairman. We are  
1250 on a rescue mission. Obamacare, though well-intentioned, has  
1251 failed. It has failed in its goals, and it has failed in its  
1252 promises.

1253           People in eastern Washington are paying more and more  
1254 for health care. Millions of Americans have lost their  
1255 health care plans. Millions of Americans can no longer  
1256 access the doctor of their choice. Medicaid, a very

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1257 important safety net, is plagued with access problems, poor  
1258 quality of health, unsustainable funding, and this has been  
1259 going on for years.

1260 And yet Obamacare forced about 50 percent of the newly  
1261 insured people into Medicaid nationwide. It was over 80  
1262 percent in Washington State. This jeopardizes this important  
1263 safety net for the people who need it more -- the most -- the  
1264 poor, the elderly, children, people with disabilities.

1265 I recognize many individuals with disabilities rely on  
1266 Medicaid for their health care, and I am committed to  
1267 ensuring that they have access to care at home and in the  
1268 community moving forward. Everyone should have access to  
1269 quality, affordable healthcare coverage, and that is why we  
1270 are moving forward with a plan that protects individuals with  
1271 preexisting conditions, responsibly unwinds the Medicaid  
1272 expansion, and helps Americans afford health insurance  
1273 through --

1274 The Chairman. The gentlelady's --

1275 Mrs. McMorris Rodgers. -- advanceable tax credits.

1276 The Chairman. -- time has expired. Are there other  
1277 members seeking recognition? The gentleman from California  
1278 is recognized for 1 minute for purposes of an opening  
1279 statement.

1280 Mr. Cardenas. Thank you very much, Mr. Chairman.

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1281 Ladies and gentlemen, the Republicans are cheating  
1282 hardworking Americans. Their plan will force middle class  
1283 families to pay more for less. It takes away healthcare  
1284 protections to up to 129 million Americans with preexisting  
1285 conditions, and it means seniors will pay up to \$2- to \$3,000  
1286 more every year.

1287 What is more, this bill lines the pockets of insurance  
1288 companies. If you have any lapse in coverage, insurance  
1289 companies have to charge you up to 30 percent more for the  
1290 care that you used to get. To add insult to injury, this  
1291 bill gives a tax break to CEOs of those insurance companies.  
1292 That is what I call the "keep quiet" clause.

1293 Middle class families get screwed under this bill. We  
1294 know that this bill will raise our national deficit and hurt  
1295 our economy, but we can't tell you exactly by how much  
1296 because the Congressional Budget Office hasn't had the  
1297 opportunity to give us that score.

1298 Myself and the rest of the members of the committee,  
1299 your elected representatives, were not allowed to see the  
1300 bill until 2 days ago. When the Affordable Care Act was  
1301 passed in 2010, the House alone had 79 public hearings. The  
1302 bottom line is this: the Republican plan is doing all that  
1303 it can to kick you to the curb and take away your health  
1304 care.

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1305 I yield back.

1306 The Chairman. With that, the gentleman's time has  
1307 expired. Are there other members seeking recognition who  
1308 have not been recognized? At that point, then --

1309 Mr. Pallone. Mr. Chairman?

1310 The Chairman. -- the chair calls up the committee  
1311 print.

1312 Mr. Pallone. Mr. Chairman?

1313 The Chairman. I will get to you in just a second. The  
1314 chair calls up the committee print and asks the clerk to  
1315 report.

1316 Mr. Pallone. Mr. Chairman, I would like to --

1317 The Chairman. The chair calls up the committee print --  
1318 just a moment; I will get to you -- and asks the committee  
1319 print -- the clerk to report.

1320 The Clerk. Committee print, budget reconciliation --

1321 Mr. Pallone. Mr. Chairman?

1322 The Clerk. -- and legislative recommendations relating  
1323 to repeal and replace of the Patient Protection and  
1324 Affordable Care Act.

1325 [The committee print follows:]

1326

1327 \*\*\*\*\*COMMITTEE INSERT 1\*\*\*\*\*

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1328 The Chairman. Without objection, the first reading of  
1329 the committee print is dispensed with, and the committee will  
1330 print -- the print will be open for amendment at any point.  
1331 So ordered.

1332 With that, I would recognize the gentleman from New  
1333 Jersey.

1334 Mr. Pallone. Okay. Mr. Chairman, I would like to enter  
1335 into some parliamentary inquiries about the process today. I  
1336 think it will make it easier for us if we -- if you can  
1337 answer certain questions pursuant to a colloquy with me.

1338 The Chairman. I am happy to have that discussion.

1339 Mr. Pallone. First of all, with regard to the schedule,  
1340 should we be prepared to work late into evening each markup  
1341 day, or do you plan to complete debate at a certain time and  
1342 then move to the next --

1343 The Chairman. It appears, based on the fact there are  
1344 no amendments available for consideration, that we should be  
1345 done fairly soon.

1346 Mr. Pallone. And what does that mean? What are you  
1347 referencing now, there are no --

1348 The Chairman. Well, I don't -- no amendments have been  
1349 filed or shared with the --

1350 Mr. Pallone. We have many amendments, Mr. Chairman.

1351 The Chairman. None of them --

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1352 Ms. DeGette. Mr. Chairman?

1353 The Chairman. Just a moment, please. None of them --  
1354 we are in a colloquy here. We have received no amendments.  
1355 None have been filed. We look forward to seeing your  
1356 amendments.

1357 Mr. Pallone. Mr. Chairman, I don't understand what you  
1358 are talking about. There are numerous amendments on behalf  
1359 of the Democrats and the minority.

1360 The Chairman. We have no amendments at the table. No  
1361 amendments have been filed. It is hard for me to consider  
1362 how long we are going to be here until we know what your  
1363 amendments are.

1364 Mr. Pallone. Okay. If that is not --

1365 The Chairman. Can you tell me -- let me ask you a  
1366 question. How many amendments do you plan to offer?

1367 Mr. Pallone. I think we have about 100 amendments.

1368 The Chairman. One hundred amendments. We have not seen  
1369 any of them.

1370 Mr. Pallone. Well, we will certainly --

1371 The Chairman. When can we anticipate seeing these  
1372 amendments?

1373 Mr. Pallone. -- provide you with those amendments.

1374 The Chairman. When will we see those?

1375 Mr. Pallone. My understanding is that they are

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1376 available.

1377 The Chairman. They are available now? We have not --

1378 Mr. Pallone. They will be provided within the customary  
1379 2-hour limit.

1380 The Chairman. All right. Well, we are kind of there  
1381 with the bill.

1382 Mr. Pallone. Well, I don't think so. But anyway,  
1383 obviously, you are not going to answer --

1384 The Chairman. Actually, the bill is before --

1385 Mr. Pallone. -- you are not going to answer the  
1386 questions about the schedule. I am trying to get some handle  
1387 here. If you just want to be -- you know, try to jam this  
1388 thing through and not talk about the schedule, that is fine.  
1389 I can play that game, too. No questions, no answers about  
1390 the schedule, correct?

1391 The Chairman. No, that is not what I --

1392 Mr. Pallone. Well, I simply asked a question.

1393 The Chairman. Gentleman, please suspend. I can't  
1394 comment on how long we are going to be here until I know how  
1395 many amendments we are going to consider.

1396 Mr. Pallone. All right. Then let us --

1397 The Chairman. You have told me now for the first time  
1398 you may have 100 amendments. That tells us we are going to  
1399 be here long -- I don't know how long people are going to

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1400 debate those amendments.

1401 Mr. Pallone. Let us go to the next --

1402 The Chairman. Let me finish. I am happy to give you  
1403 guidance once I know what you are planning in.

1404 Mr. Barton. Parliamentary inquiry, Mr. Chairman.

1405 The Chairman. The gentleman from Texas is recognized  
1406 for a parliamentary inquiry.

1407 Mr. Barton. Is it not the rule of the committee that  
1408 amendments have to be made available 2 hours before the  
1409 markup begins?

1410 Mr. Pallone. Two hours before the --

1411 The Chairman. It is the --

1412 Mr. Pallone. -- amendments are considered.

1413 The Chairman. If I could -- since I actually have the  
1414 gavel -- it is the policy of the committee that they be  
1415 considered 2 hours in advance. That has been the tradition  
1416 of the committee. As you know as the Chairman -- I believe  
1417 Mr. Upton knows -- generally, to be able to give more  
1418 thoughtful consideration, the sooner they are filed the  
1419 better, so our staffs can review them, members can review  
1420 them. So --

1421 Mr. Barton. Okay. Further parliamentary inquiry.

1422 The Chairman. The gentleman is recognized for  
1423 parliamentary inquiry.

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1424 Mr. Barton. It is the policy of the committee that  
1425 amendments be made in order -- be made available 2 hours  
1426 before the markup begins. And since this markup began at  
1427 approximately 10:30, should not those amendments that the  
1428 minority wishes to offer have been already made available in  
1429 order to be considered?

1430 Mr. Pallone. My understanding is --

1431 The Chairman. If I could answer.

1432 Mr. Pallone. -- it is 2 hours before the amendment --

1433 The Chairman. If the gentleman --

1434 Mr. Pallone. -- is considered.

1435 The Chairman. If the gentleman would suspend, it is the  
1436 normal policy that they would be provided ahead of time, 2  
1437 hours in advance. That makes it all work better for all  
1438 members on both sides to be able to look at amendments.

1439 We look forward to the minority placing their amendments  
1440 in front of us and filing. But it is pretty hard for me to  
1441 figure out how long we are going to be here until I know how  
1442 many amendments we are going to have here.

1443 Mr. Pallone. All right. Let us move on.

1444 Ms. DeGette. Mr. Chairman, I have a parliamentary --

1445 The Chairman. Other --

1446 Ms. DeGette. -- inquiry.

1447 Mr. Barton. Another parliamentary inquiry.

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1448 The Chairman. The gentleman is recognized for a  
1449 parliamentary inquiry.

1450 Mr. Barton. Now that we have established that the  
1451 amendment should be made available 2 hours before the markup  
1452 --

1453 Mr. Pallone. Two hours before the --

1454 Mr. Barton. -- and they have not --

1455 The Chairman. Would the gentleman suspend?

1456 Mr. Barton. -- they have not been made available, at  
1457 what point does the Chairman intend --

1458 Mr. Pallone. Mr. Chairman?

1459 Mr. Barton. -- to begin regular order and consider --

1460 Mr. Pallone. There is no regular order here. Regular  
1461 order ended when you didn't have a subcommittee hearing --

1462 The Chairman. All right.

1463 Mr. Pallone. -- before the markup.

1464 The Chairman. All right. We are going to move on.

1465 Mr. Pallone. There is no regular order.

1466 Mr. Barton. With respect --

1467 Mr. Rush. Mr. Chairman?

1468 Mr. Barton. -- if the minority has --

1469 The Chairman. The gentleman will suspend.

1470 Mr. Rush. Mr. Chairman?

1471 The Chairman. The gentleman will suspend. Please,

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1472 please, please. The gentleman will suspend. We look forward  
1473 to getting your amendments and moving through on regular  
1474 order.

1475 Now, I would recognize the gentleman from New Jersey.  
1476 Do you have another question?

1477 Mr. Pallone. Yes, I do. My understanding, based on  
1478 what you told us before the committee markup, was that  
1479 amendments on any section were going to be in order at any  
1480 time. Now I am told that there is -- now you want to move to  
1481 a process where we go section by section. That is not what  
1482 we were told beforehand, and I intend to proceed with having  
1483 amendments open at any time on any section rather than moving  
1484 section by section.

1485 So let me ask again: is that the case? My  
1486 understanding was beforehand that you are not going to move  
1487 section by section.

1488 The Chairman. Well, that is not -- what we shared with  
1489 your staff yesterday was our preference to follow the same  
1490 procedures that have been followed before, including by Mr.  
1491 Waxman, former chairman of this committee, to go -- and  
1492 during the ACA markup to go subtitle by subtitle. It is  
1493 still open for amendment at any time.

1494 If you don't want to proceed that way, that -- we will  
1495 recognize the amendments. It just makes it a more thoughtful

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1496 approach to go subtitle by subtitle. It is easier on both  
1497 staffs to work through the amendments. If it is a Medicaid  
1498 amendment, we are happy to go through the amendments. We  
1499 will be here until we finish the amendments.

1500 This was simply a way to make it more organized for the  
1501 committee members and for our staff to be able to work  
1502 through them, especially since we still don't have your 100  
1503 amendments.

1504 Mr. Pallone. Well, Mr. Chairman, I was told that your  
1505 staff indicated to us that we were going to be open to  
1506 amendment on any section at any time; we were not moving  
1507 section by section. Regardless of that, we do not --  
1508 regardless of that, we do not intend to move section by  
1509 section. We are going to offer amendments on any topic as we  
1510 proceed --

1511 The Chairman. All right.

1512 Mr. Pallone. -- not section by section.

1513 The Chairman. Then we will move on. The chair  
1514 recognizes himself for purposes of offering an amendment.

1515 Mr. Pallone. I have some additional questions, which I  
1516 think would make things go easier, again --

1517 The Chairman. Really.

1518 Mr. Pallone. -- if we could go through them. Yes.

1519 Now, you --

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1520 The Chairman. We look forward to that.

1521 Mr. Pallone. Okay. Mr. Chairman, about rolling of  
1522 votes, you know that when we had our initial organizing  
1523 meeting, I was very much opposed to the idea of rolling  
1524 votes. You expressed the fact that you were not going to try  
1525 to roll votes in most circumstances. Today, in particular,  
1526 because we have such an important bill, because we are all  
1527 here and we are going to debate amendments as we go along, I  
1528 see no reason to roll votes.

1529 So I would ask that we not move to a process of rolling  
1530 the votes, but, rather, proceed amendment by amendment with a  
1531 discussion, and not roll votes because it is important that  
1532 members be here for the entire debate. So I ask you that  
1533 question. I would ask that we not roll votes.

1534 The Chairman. Well, it always resides with the chair to  
1535 make that decision. But as I have said, I will consult with  
1536 you on those matters for the convenience of members, but we  
1537 intend to move forward amendment by amendment, vote by vote.

1538 Mr. Pallone. All right. I appreciate that. Now, my  
1539 last question is about the actual vehicle before us. My  
1540 question is, is what we are considering today a bill, a  
1541 committee draft? What exactly is it that we are considering?

1542 The Chairman. It is a committee print.

1543 Mr. Pallone. Okay. So does that mean that, in terms of

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1544 the procedural pathway, that once this committee print has  
1545 been amended and the markup proceeding has concluded, will  
1546 that then be reintroduced in some form as a bill? Will it be  
1547 introduced as a bill once we finish? Will it be reported out  
1548 of our committee?

1549 The Chairman. As the gentleman probably knows, what we  
1550 do here is forward it up to the Budget Committee. This is  
1551 the reconciliation process. I know in the past, under the  
1552 Democrats, this process was skipped at some point, and  
1553 everything just was done up at Budget Committee.

1554 We are actually going through regular order to take  
1555 amendments, to go through a committee print, and then we will  
1556 submit our products to the Budget Committee.

1557 Mr. Pallone. All right.

1558 The Chairman. From there it goes to the Rules  
1559 Committee, and the Rules Committee will report a bill to the  
1560 floor.

1561 Mr. Pallone. All right. So let me go back to that  
1562 again. What you are saying is because of a reconciliation  
1563 process, and alleged regular order -- again, I would point  
1564 out that we are not doing regular order because we didn't  
1565 have a hearing and a subcommittee markup.

1566 But if you are saying that this is going -- that this is  
1567 the reconciliation process, I don't understand how you can

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1568 make that statement because the fact of the matter is that  
1569 much of what is in this committee print is not in the nature  
1570 of reconciliation. I mean, it is -- a lot of this is what we  
1571 call convertible, which means it would have to be  
1572 significantly changed before the Senate could take it up as a  
1573 --

1574 The Chairman. If the gentleman will yield --

1575 Mr. Pallone. -- reconciliation bill.

1576 The Chairman. -- questions of Senate are of the  
1577 Senate's decision-making, not ours. We are not bound by the  
1578 rules of the Senate. We are the United States House of  
1579 Representatives. We are the Energy and Commerce Committee.  
1580 We will do our job in regular order, as we have, under our  
1581 rules with due consideration.

1582 Mr. Pallone. All right. So what you are saying, then,  
1583 is that even though this is a committee print, and not a  
1584 bill, and, therefore, is going to go through the  
1585 reconciliation process, you have gone beyond the  
1586 reconciliation process in terms of the subject matter, you  
1587 know, going into things that are not -- could not be part of  
1588 the reconciliation process --

1589 The Chairman. That is not the case.

1590 Mr. Pallone. -- in the Senate.

1591 The Chairman. That is not the case. I am not saying

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1592 that. I don't believe that to be the case.

1593 Mr. Pallone. No, I understand. But, Mr. Chairman --

1594 The Chairman. If you will let me finish.

1595 Mr. Pallone. Yes.

1596 The Chairman. I am not saying that. I don't believe  
1597 that to be the case. This was in our procedures of  
1598 reconciliation. As I say, the Senate has different  
1599 procedures. We don't even have the option to have the Senate  
1600 parliamentarians come tell us what we want. And, by the way,  
1601 I don't want the Senate parliamentarians telling us what we  
1602 can or cannot do.

1603 Now, if we can proceed.

1604 Mr. Pallone. Well, let me just ask one more question.

1605 The Chairman. This was your last question.

1606 Mr. Pallone. Well, except that you made the point that  
1607 made me think about one other problem here. Why -- why, if  
1608 you are going through the reconciliation process, or if you  
1609 are going to go beyond it in terms of the Senate -- I know  
1610 you are not worried about the Senate; I don't quite  
1611 understand that -- why is it that we are going through this  
1612 procedure as opposed to just doing a regular bill? It would  
1613 seem to me that --

1614 The Chairman. Because this is the reconciliation  
1615 process. This is open to us. We have instructions to the

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1616 Budget Committee.

1617 So I appreciate the gentleman. We are going to move  
1618 forward. The chair recognizes --

1619 Mr. Pallone. Mr. Chairman, we have a question from the  
1620 gentleman from New Mexico.

1621 The Chairman. Excuse me. If you would suspend, we are  
1622 going to move forward with the regular order. The chair  
1623 recognizes -- the chair has not recognized anyone.

1624 Mr. Pallone. Mr. Chairman, I have a motion. I have a  
1625 motion before we go through the amendment process.

1626 The Chairman. No, that is not how this is going to  
1627 work. The chair recognizes --

1628 Mr. Pallone. Well, Mr. Chairman, I have --

1629 The Chairman. -- himself for the purposes of --

1630 Mr. Pallone. -- a motion.

1631 The Chairman. -- offering an amendment in the nature  
1632 of a substitute.

1633 Mr. Pallone. Mr. Chairman, I have a --

1634 The Chairman. The clerk will report the --

1635 Mr. Pallone. -- parliamentary inquiry.

1636 The Chairman. The clerk will report the amendment.

1637 Mr. Pallone. No. Mr. Chairman, a parliamentary  
1638 inquiry.

1639 The Clerk. Amendment to the committee print offered --

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1640 The Chairman. The gentleman will suspend. The clerk  
1641 will report the amendment.  
1642 Mr. Pallone. Parliamentary inquiry, Mr. Chairman.  
1643 The Clerk. Amendment to the committee print offered by  
1644 --  
1645 Mr. Pallone. So you are not going to recognize me for a  
1646 parliamentary inquiry, Mr. Chairman.  
1647 The Clerk. -- Title I, Energy and Commerce, Subtitle A  
1648 --  
1649 Mr. Pallone. I have a parliamentary inquiry --  
1650 The Clerk. -- patient access to public --  
1651 Mr. Pallone. -- Mr. Chairman.  
1652 The Clerk. -- and health programs.  
1653 [The amendment offered by Mr. Walden follows:]  
1654  
1655 \*\*\*\*\*COMMITTEE INSERT 2\*\*\*\*\*

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1656 Mr. Pallone. Mr. Chairman?

1657 The Chairman. I ask unanimous --

1658 The Clerk. Section 101 --

1659 The Chairman. -- consent to suspend the -- without  
1660 objection, the reading of the amendment is suspended with.

1661 Mr. Pallone. Mr. Chairman, I am not -- I am simply  
1662 asking for recognition with regard to a parliamentary  
1663 inquiry. If you are not going to recognize that, I don't  
1664 know how you are going to proceed.

1665 The Chairman. Mr. Pallone, I didn't say I wouldn't  
1666 recognize you. I am trying to follow regular order. We were  
1667 trying to dispense with that. Then I will recognize you now  
1668 for your parliamentary inquiry.

1669 Mr. Lujan. Mr. Chairman, I objected to the suspension  
1670 that you were just going through, and that was the subject of  
1671 my parliamentary inquiry. So I object to proceeding forward  
1672 --

1673 The Chairman. So you are asking -- which one of you  
1674 wants to go first with your parliamentary inquiry?

1675 Mr. Pallone. All right. Mr. Chairman, let me ask a  
1676 parliamentary inquiry. What is it that you just tried to do  
1677 there with the clerk in terms of suspension?

1678 The Chairman. We are on the -- this is -- I am  
1679 surprised you don't know this. This is an amendment in the

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1680 nature of a substitute.

1681 Mr. Pallone. All right. Before we get to the amendment  
1682 in the nature of a substitute, I have a parliamentary --

1683 The Chairman. We are actually -- if I could correct  
1684 you, we are actually on the amendment in the nature of a  
1685 substitute.

1686 Mr. Lujan. I objected though, Mr. Chairman.

1687 The Chairman. All right. Well, then, let us -- go  
1688 ahead.

1689 Mr. Barton. He was not recognized, Mr. Chairman.

1690 Mr. Lujan. We don't have to be recognized to object,  
1691 Mr. Chairman.

1692 Mr. Barton. The Chairman --

1693 The Chairman. You do have to be --

1694 Mr. Barton. The Chairman has --

1695 The Chairman. The gentlemen --

1696 Mr. Barton. -- the power of recognition.

1697 The Chairman. The gentlemen will all -- we will get  
1698 through this. Let us just all settle down here. So what is  
1699 your parliamentary inquiry?

1700 Mr. Pallone. My parliamentary inquiry is as such. And,  
1701 first of all, let me say this, Mr. Chairman.

1702 The Chairman. You must state your parliamentary  
1703 inquiry.

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1704 Mr. Pallone. You have stated over and over again, from  
1705 the very first day when we began the organization of this  
1706 committee --

1707 The Chairman. Does the gentleman have a parliamentary  
1708 inquiry?

1709 Mr. Pallone. Yes. I would like to propose a motion to  
1710 postpone the markup for 30 days.

1711 The Chairman. That is not a -- you are --

1712 Mr. Pallone. Well, the point is --

1713 The Chairman. The gentleman will suspend. I recognized  
1714 you for a parliamentary inquiry.

1715 Mr. Pallone. The problem that I --

1716 The Chairman. What is your inquiry?

1717 Mr. Pallone. My concern here, Mr. Chairman --

1718 The Chairman. What is your inquiry, please?

1719 Mr. Pallone. My inquiry is, why is it that after  
1720 repeatedly saying for the last few months --

1721 The Chairman. Please state your inquiry.

1722 Mr. Pallone. My inquiry is, again, if I can state it,  
1723 if you will let me state it, is that after the last 2 months  
1724 of repeatedly saying we were going to use regular order, that  
1725 we were not going to try to jam things down, the members --

1726 The Chairman. Does the gentleman have a parliamentary  
1727 inquiry?

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1728 Mr. Pallone. Now you are proceeding to do exactly that.

1729 Okay?

1730 The Chairman. So what is your inquiry?

1731 Mr. Pallone. I said to you that I would like to make a

1732 motion to postpone the markup for 30 days. I don't

1733 understand why that is not in order at this time. It should

1734 be in order.

1735 The Chairman. Do you have a motion at the desk?

1736 Mr. Pallone. Yes. The motion is to postpone the markup

1737 for 30 days. It is motion number 1.

1738 Mr. Barton. I move to table the motion, if it really is

1739 a motion.

1740 The Chairman. Do we have it? Where is it? Can your

1741 staff provide it for us?

1742 Mr. Pallone. Yes.

1743 The Chairman. When did we receive it? You don't know.

1744 The Clerk. We received the motion 3 minutes ago.

1745 The Chairman. Okay.

1746 Mr. Barton. Don't we have to consider it for 2 hours

1747 before you --

1748 The Chairman. No, not on a motion.

1749 The Clerk. Motion to postpone markup for 30 days,

1750 offered by Rep. Pallone.

1751 [The motion follows:]

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1752

1753

\*\*\*\*\*COMMITTEE INSERT 3\*\*\*\*\*

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1754 Mr. Barton. I do move to table the motion, Mr.

1755 Chairman.

1756 The Chairman. All those in favor of --

1757 Mr. Pallone. No.

1758 The Chairman. -- tabling the motion?

1759 Mr. Pallone. Mr. Chairman, I think we should be able to

1760 have some debate on this motion. Again, what is the rush?

1761 You said --

1762 The Chairman. Mr. Pallone, I know you don't -- the

1763 question -- let me rule on this, please. A motion to table

1764 is not debatable under our rules. And I know you care deeply

1765 about following our rules.

1766 Mr. Pallone. Mr. Chairman, again, the same --

1767 The Chairman. So the question now occurs on the motion

1768 to table. All those in favor will say aye.

1769 Those opposed, no.

1770 Mr. Pallone. We ask for the yeas and nays, Mr.

1771 Chairman.

1772 The Chairman. The ayes appear to have it. The motion

1773 is tabled.

1774 Mr. Pallone. The --

1775 The Chairman. I am getting there. We will ask for a

1776 roll call vote on the motion to table. All those in favor of

1777 tabling, vote aye. Those opposed, no. The clerk will call

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1778 the roll.

1779 The Clerk. Mr. Barton.

1780 Mr. Barton. Aye.

1781 The Clerk. Mr. Barton votes aye.

1782 Mr. Upton.

1783 Mr. Upton. Aye.

1784 The Clerk. Mr. Upton votes aye.

1785 Mr. Shimkus.

1786 Mr. Shimkus. Aye.

1787 The Clerk. Mr. Shimkus votes aye.

1788 Mr. Murphy.

1789 Mr. Murphy. Aye.

1790 The Clerk. Mr. Murphy votes aye.

1791 Mr. Burgess.

1792 Mr. Burgess. Aye.

1793 The Clerk. Mr. Burgess votes aye.

1794 Mrs. Blackburn.

1795 Mrs. Blackburn. Aye.

1796 The Clerk. Mrs. Blackburn votes aye.

1797 Mr. Scalise.

1798 [No response.]

1799 Mr. Latta.

1800 Mr. Latta. Aye.

1801 The Clerk. Mr. Latta votes aye.

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1802 Mrs. McMorris Rodgers.

1803 [No response.]

1804 Mr. Harper.

1805 Mr. Harper. Aye.

1806 The Clerk. Mr. Harper votes aye.

1807 Mr. Lance.

1808 Mr. Lance. Aye.

1809 The Clerk. Mr. Lance votes aye.

1810 Mr. Guthrie.

1811 Mr. Guthrie. Aye.

1812 The Clerk. Mr. Guthrie votes aye.

1813 Mr. Olson.

1814 Mr. Olson. Aye.

1815 The Clerk. Mr. Olson votes aye.

1816 Mr. McKinley.

1817 Mr. McKinley. Aye.

1818 The Clerk. Mr. McKinley votes aye.

1819 Mr. Kinzinger.

1820 Mr. Kinzinger. Aye.

1821 The Clerk. Mr. Kinzinger votes aye.

1822 Mr. Griffith.

1823 Mr. Griffith. Aye.

1824 The Clerk. Mr. Griffith votes aye.

1825 Mr. Bilirakis.

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1826 Mr. Bilirakis. Aye.

1827 The Clerk. Mr. Bilirakis votes aye.

1828 Mr. Johnson

1829 Mr. Johnson. Aye.

1830 The Clerk. Mr. Johnson votes aye.

1831 Mr. Long.

1832 Mr. Long. Aye.

1833 The Clerk. Mr. Long votes aye.

1834 Mr. Bucshon

1835 Mr. Bucshon. Aye.

1836 The Clerk. Mr. Bucshon votes aye.

1837 Mr. Flores.

1838 Mr. Flores. Aye.

1839 The Clerk. Mr. Flores votes aye.

1840 Mrs. Brooks

1841 Mrs. Brooks. Aye.

1842 The Clerk. Mrs. Brooks votes aye.

1843 Mr. Mullin.

1844 Mr. Mullin. Aye.

1845 The Clerk. Mr. Mullin votes aye.

1846 Mr. Hudson.

1847 Mr. Hudson. Aye.

1848 The Clerk. Mr. Hudson votes aye.

1849 Mr. Collins

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1850 Mr. Collins. Aye.

1851 The Clerk. Mr. Collins votes aye.

1852 Mr. Cramer.

1853 Mr. Cramer. Aye.

1854 The Clerk. Mr. Cramer votes aye.

1855 Mr. Walberg.

1856 Mr. Walberg. Aye.

1857 The Clerk. Mr. Walberg votes aye.

1858 Mrs. Walters.

1859 Mrs. Walters. Aye.

1860 The Clerk. Mrs. Walters votes aye.

1861 Mr. Costello.

1862 Mr. Costello. Aye.

1863 The Clerk. Mr. Costello votes aye.

1864 Mr. Carter.

1865 [No response.]

1866 Mr. Pallone.

1867 Mr. Pallone. Mr. Chairman, you are trying to rush this

1868 bill. You are not allowing for debate. And if this process

1869 continues all day long, it is going to be a very unfortunate

1870 circumstance here. We are going to be here all night for

1871 several days. I vote no.

1872 The Clerk. Mr. Pallone votes no.

1873 Mr. Rush.

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1874 Mr. Rush. Mr. Chairman, I fully concur with our ranking  
1875 member's position. I think that for you to keep talking  
1876 about regular order when you are certainly out of order, I  
1877 won't --

1878 The Chairman. Let me just say for members, the regular  
1879 order during a roll call is not to have a debate on your  
1880 vote.

1881 Mr. Rush. Mr. Chairman, here you go again --

1882 The Chairman. We will hold to regular order.

1883 Mr. Rush. -- talking about regular order when regular  
1884 order is not what you are exercising this morning.

1885 The Chairman. The gentleman is out of order.

1886 Mr. Rush. You haven't exercised it yet.

1887 The Chairman. The clerk will continue to call the roll.

1888 The Clerk. Mr. Rush.

1889 Mr. Rush. Mr. Rush votes no.

1890 The Clerk. Mr. Rush votes no.

1891 Ms. Eshoo.

1892 Ms. Eshoo. No.

1893 The Clerk. Ms. Eshoo votes no.

1894 Mr. Engel.

1895 [No response.]

1896 Mr. Green.

1897 Mr. Green. No.

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1898 The Clerk. Mr. Green votes no.

1899 Ms. DeGette.

1900 Ms. DeGette. No.

1901 The Clerk. Ms. DeGette votes no.

1902 Mr. Doyle.

1903 Mr. Doyle. No.

1904 The Clerk. Mr. Doyle votes no.

1905 Ms. Schakowsky.

1906 Ms. Schakowsky. No.

1907 The Clerk. Ms. Schakowsky votes no.

1908 Mr. Butterfield.

1909 Mr. Butterfield. No.

1910 The Clerk. Mr. Butterfield votes no.

1911 Ms. Matsui.

1912 Ms. Matsui. No.

1913 The Clerk. Ms. Matsui votes no.

1914 Ms. Castor.

1915 Ms. Castor. No.

1916 The Clerk. Ms. Castor votes no.

1917 Mr. Sarbanes.

1918 Mr. Sarbanes. No.

1919 The Clerk. Mr. Sarbanes votes no.

1920 Mr. McNerney.

1921 Mr. McNerney. No.

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1922 The Clerk. Mr. McNerney votes no.  
1923 Mr. Welch.  
1924 Mr. Welch. No.  
1925 The Clerk. Mr. Welch votes no.  
1926 Mr. Lujan.  
1927 Mr. Lujan. No.  
1928 The Clerk. Mr. Lujan votes no.  
1929 Mr. Tonko.  
1930 Mr. Tonko. No.  
1931 The Clerk. Mr. Tonko votes no.  
1932 Ms. Clarke.  
1933 [No response.]  
1934 Mr. Loeb sack.  
1935 Mr. Loeb sack. No.  
1936 The Clerk. Mr. Loeb sack votes no.  
1937 Mr. Schrader.  
1938 Mr. Schrader. No.  
1939 The Clerk. Mr. Schrader votes no.  
1940 Mr. Kennedy.  
1941 Mr. Kennedy. No.  
1942 The Clerk. Mr. Kennedy votes no.  
1943 Mr. Cardenas.  
1944 Mr. Cardenas. No.  
1945 The Clerk. Mr. Cardenas votes no.

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1946 Mr. Ruiz.

1947 Mr. Ruiz. No.

1948 The Clerk. Mr. Ruiz votes no.

1949 Mr. Peters.

1950 Mr. Peters. No.

1951 The Clerk. Mr. Peters votes no.

1952 Mrs. Dingell.

1953 Mrs. Dingell. No.

1954 The Clerk. Mrs. Dingell votes no.

1955 Chairman Upton.

1956 [No response.]

1957 Chairman Walden.

1958 [No response.]

1959 The Chairman. Swing and a miss.

1960 [Laughter.]

1961 The Chairman. Fred is back. Walden votes yes on table.

1962 Are there other members who wish to be recorded? The

1963 gentlelady from Washington.

1964 Mrs. McMorris Rodgers. Aye.

1965 The Clerk. Mrs. McMorris Rodgers votes aye.

1966 The Chairman. The gentleman from Louisiana.

1967 Mr. Scalise. Aye.

1968 The Clerk. Mr. Scalise votes aye.

1969 The Chairman. Are there members on the minority side

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1970 that have not been recorded? Are there other members who

1971 have not been recorded? The clerk will report the tally.

1972 The Clerk. Mr. Chairman, on that vote, there were 30

1973 ayes and 22 noes.

1974 The Chairman. Thirty ayes, 22 noes. The motion

1975 carries, and the tabling motion is approved.

1976 Mr. Lujan. Mr. Chairman?

1977 The Chairman. Yes. The gentleman from New Mexico is

1978 recognized. For what purpose does he seek recognition?

1979 Mr. Lujan. The first point, Mr. Chairman, is I had

1980 objected to the dispensing of the reading.

1981 The Chairman. I thought you were asking for a

1982 parliamentary inquiry.

1983 Mr. Lujan. In addition to objecting to the dispensing

1984 of the reading, I was also asking for a parliamentary inquiry

1985 because I was attempting to be recognized during your first

1986 request of dispensing of the reading. And I wasn't

1987 recognized, so I thought I would break decorum and just blurt

1988 it out the second time.

1989 My parliamentary inquiry is, what is the proper way to

1990 be recognized to object when the Chairman is asking for --

1991 whether there is an objection to a ruling?

1992 The Chairman. So you ask for what reason you are

1993 seeking recognition. It was -- if the gentleman will suspend

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1994 -- it was a little difficult to hear your objection over Mr.  
1995 Pallone's discussion at the same time. That is why I am  
1996 trying to keep regular order here, so that we can be in a  
1997 regular process and recognize members in regular order. And  
1998 that is why I was trying to have one at a time and manage  
1999 this.

2000 So does the gentleman have a parliamentary inquiry?

2001 Mr. Lujan. Mr. Chairman, my question is, is there a  
2002 ruling from the chair on my objection to the dispensing of  
2003 the reading?

2004 The Chairman. It came late.

2005 Mr. Lujan. It did not. Mr. Chairman, roll the tapes.  
2006 I mean, are we at the Oscars here? Can we put something up  
2007 there for us?

2008 The Chairman. The gentleman will suspend. The ruling  
2009 of the chair is the gentleman did object to the dispensing  
2010 with the reading of the bill, but this is why it is important  
2011 and why I will continue to try to get regular order, because  
2012 it was difficult to hear the gentleman down there when I had  
2013 my friend here also concerned about things.

2014 So that is why, for everybody's benefit and regular  
2015 order, I will keep regular order, so nobody is discriminated  
2016 against.

2017 So is the gentleman objecting to the dispensing with the

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2018 reading of the bill?

2019 Mr. Lujan. Yes, Mr. Chairman. That was my objection.

2020 The Chairman. All right. Then the clerk will read the  
2021 bill. Members need to know this will take a couple of hours,  
2022 which is fine. We are happy to do that. It would be helpful  
2023 to the regular order process, if the gentlemen/gentleladies  
2024 on either side of the aisle have amendments, we would ask  
2025 that you would have the courtesy to file those amendments, so  
2026 we can all get due consideration of the various amendments.  
2027 I am told you have 100 amendments or so by the Democrat  
2028 leader.

2029 Mr. Upton. Mr. Chairman?

2030 The Chairman. Yes.

2031 Mr. Upton. Parliamentary inquiry. Is it possible to  
2032 have a vote to suspend reading of the bill? Is that --

2033 The Chairman. It is not.

2034 Mr. Upton. Okay.

2035 Mr. Lujan. Mr. Chairman, parliamentary inquiry?

2036 The Chairman. The gentleman is recognized.

2037 Mr. Lujan. Going forward, what is the proper way to be  
2038 recognized, if the Chairman is asking if there is an  
2039 objection, so that we can avoid having to yell and break  
2040 decorum in --

2041 The Chairman. I wish I could help you with that. I was

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2042 trying to get order here, so that I could hear other members  
2043 that are down dais. I was having trouble getting that.

2044 Mr. Lujan. Okay. Thank you, Mr. Chairman.

2045 The Chairman. And so we are on the amendment in the  
2046 nature of a substitute. We are delighted to share it and  
2047 read it. As you know, it has been online since 6:00 on  
2048 Monday. The clerk --

2049 Mr. Schrader. Mr. Chairman?

2050 The Chairman. -- or 3:00 yesterday.

2051 Mr. Schrader. Mr. Chairman?

2052 The Chairman. 10:00 yesterday. We are on the -- just a  
2053 second. I want to make sure I have got this right. We are  
2054 on the reading of the amendment, the substitute. That is  
2055 what we are on. That is what the gentleman objected to  
2056 dispensing with the reading of, so we will proceed. The  
2057 clerk shall read.

2058 Let me recognize my friend from Oregon. For what  
2059 purpose do you see recognition?

2060 Mr. Schrader. I appreciate that, Mr. Chairman. I have  
2061 a motion at the desk on this particular nature of a  
2062 substitute.

2063 The Chairman. Yes. I don't think we can get to that  
2064 now until we read the bill.

2065 Mr. Schrader. All right.

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2066 The Chairman. We have to read it first. So the clerk  
2067 will read the --

2068 Mr. Barton. Mr. Chairman, can I ask one more sincere  
2069 parliamentary inquiry?

2070 The Chairman. Yes, sir.

2071 Mr. Barton. At what point does this 2-hour clock start  
2072 on amendments needing to be presented, so they can be  
2073 considered? In other words --

2074 The Chairman. In advance of consideration.

2075 Mr. Barton. In advance of consideration. So if --

2076 The Chairman. That is in the --

2077 Mr. Barton. -- a member wishes to offer an amendment,  
2078 at some point today they need to have them at the desk 2  
2079 hours before they are going to be offered. Is that correct?

2080 The Chairman. That is the Chairman's policy.

2081 Mr. Barton. Thank you, sir.

2082 The Chairman. The clerk will now read the bill -- the  
2083 amendment in the nature of a substitute.

2084 Mr. Pallone. Mr. Chairman, inquiry --

2085 The Chairman. Yes.

2086 Mr. Pallone. -- with regard to what Mr. Barton said.  
2087 My understanding is that the 2 hours is a courtesy, and we  
2088 are going to abide by that. But that doesn't mean that we  
2089 are going to give -- that if someone wants to offer an

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2090 amendment a little later in the process today that they  
2091 can't.

2092 The Chairman. Well, I assume you are going to have  
2093 rolling groups of amendments come our way. We have been told  
2094 to expect to be here through the weekend.

2095 Mr. Pallone. Exactly.

2096 The Chairman. And that you have hundreds of amendments,  
2097 not 100 or so. So --

2098 Mr. Pallone. Well, I just want to make sure that the  
2099 answer to Mr. Barton's question wasn't that every amendment  
2100 has to be given to you now. That is not the case. I want  
2101 everyone to understand that.

2102 The Chairman. Yes. As Chairman, I do have some  
2103 discretion in these matters in terms of giving priority to  
2104 amendments. Again, to improve the thoughtfulness of our  
2105 legislative process, it would be helpful that you all make  
2106 your amendments available, unless there is some reason not  
2107 to. It just helps the overall process, it helps the staff,  
2108 and it makes it go better. People make more informed  
2109 decisions. So I don't know why you would hide the ball. I  
2110 am not accusing you of --

2111 Mr. Pallone. We are not trying to hide anything, even  
2112 though you have hidden a lot. But the bottom line is --

2113 The Chairman. Okay. We are going to go back to --

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2114 Mr. Pallone. -- we are going to try to get those  
2115 amendments now.

2116 The Chairman. Thank you.

2117 Mr. Pallone. But they are not all going to be available  
2118 right now.

2119 The Chairman. Okay. We will see them when we see them  
2120 then. And we will go now to the reading of the substitute.

2121 The Clerk. Amendment to the committee print offered by  
2122 Mr. Walden. Page 1, strike line 1 and all that follows  
2123 through the end and insert the following: Title I, Energy  
2124 and Commerce, Subtitle A, Patient Access to Public Health  
2125 Programs.

2126 Section 101, The Prevention and Public Health Fund. in  
2127 general, subsection (b) of section 4002 of the Patient  
2128 Protection and Affordable Care Act, 42 U.S. Code 300u-11, as  
2129 amended by section 5009 of the 21st Century Cures Act, is  
2130 amended.

2131 In paragraph 1, by adding "and" at the end. In  
2132 paragraph 3, by striking "each of the fiscal years 2018 and  
2133 2019" and inserting "fiscal year 2018," and by striking the  
2134 semicolon at the end and inserting a period, and by striking  
2135 paragraphs 4 through 8.

2136 Rescission of unobligated funds. Of the funds made  
2137 available by section 4002, an unobligated balance at the end

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2138 of fiscal year 2018 is rescinded.

2139 Section 102, Community Health Center Program. Effective  
2140 as if included in the enactment of the Medicaid Access and  
2141 CHIP Reauthorization Act of 2015, Public Law 114-10, 129  
2142 Statistic 89, paragraph 1 of section --

2143 Mr. Lujan. Mr. Chairman, there is no order in this  
2144 committee room. Can we get order?

2145 The Clerk. -- of such Act is amended by inserting --

2146 Mr. Lujan. Mr. Chairman?

2147 The Clerk. -- an additional --

2148 Mr. Lujan. Mr. Chairman, there is no order. I can't  
2149 hear her.

2150 The Clerk. -- for fiscal --

2151 The Chairman. The members on both sides of the aisle  
2152 will please restrain themselves, so that the gentleman from  
2153 New Mexico can hear the reading, and so can others. So if  
2154 the majority members -- I am going to -- please, or, I am  
2155 sorry, the minority members and the majority members, but  
2156 especially this conclave right here, if we can hold it down.  
2157 And to the audience as well. You are exactly right. We want  
2158 people to hear the reading of the amendment.

2159 The Clerk. -- after 2017.

2160 Section 103, Federal Payments to States. In general,  
2161 notwithstanding section 504(a), 1902(a)(23), 1903(a), 2002,

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2162 2005(a)(4), 1202(a)(7), or 1205(a)(1), of the Social Security  
2163 Act, 42 U.S. Code 704(a), 1396a(a)(23), 1396b(a), 1396a,  
2164 1397d(a)(4), 1397b(1)(7), 1399ee(a)(1), or the terms of any  
2165 Medicaid waiver in effect on the date of enactment of this  
2166 Act, and is approved under section 1115 or 1915 of the Social  
2167 Security Act, 42 U.S. Code 1315, 1396n, for the 1-year period  
2168 beginning on the date of the enactment of this Act, no  
2169 federal funds provided from a program referred to in this  
2170 subsection that is considered direct spending for any year  
2171 may be made available to a State for payment to a prohibited  
2172 entry, whether made directly to the prohibited entry or  
2173 through a managed care organization under contract with the  
2174 State.

2175 Definitions. In this section, prohibited entry, the  
2176 term "prohibited entry" means an entry, including its  
2177 affiliates, subsidiaries, successors, or clinics that as the  
2178 date of enactment of this Act, is an organization described  
2179 in section 501(c)(93) of the Internal Revenue Code of 1986 an  
2180 exempt from tax under section 101 -- 501(a) of such Code; is  
2181 an essential community provider described in section 156.235  
2182 of title 45, Code of the Federal Regulations, as in effect on  
2183 the date enacted of this bill, that is primarily engaged in  
2184 family planning services, reproductive health, and related  
2185 medical care; and provides for abortions or other than an

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2186 abortion, if the pregnancy is the result of an act or rape or  
2187 incest, or in the case where a woman suffers from a physical  
2188 disorder, physical injury, or physical illness that would, as  
2189 certified by a physician, place the woman in danger of death  
2190 unless an abortion is performed, including a life-endangering  
2191 physical condition caused by or arising from the pregnancy  
2192 itself.

2193 And for which the total amount of Federal and State  
2194 expenditures under the Medicaid Program under Title 21 of the  
2195 Social Security Act in fiscal year 2014 made directly to the  
2196 entity and to any affiliates, subsidiaries, successors, or  
2197 clinics of the entity, or made to the entity and any  
2198 affiliates, subsidiaries, successors, or clinics of the entity  
2199 as part of a nationwide healthcare provider network exceeding  
2200 \$350 million.

2201 Direct spending. The term "direct spending" has the  
2202 meaning given that the term under section 250(c) of the  
2203 Balanced Budget and Emergency Deficit Control Act of 1985,  
2204 2 U.S. Code 900(c).

2205 Subtitle B, Medicaid Program Enhancement.

2206 Section 111, Repeal of Medicaid Provisions. The Social  
2207 Security Act is amended. In section 1902, 42 U.S. Code  
2208 1396a, in subsection (a)(47)(B), by inserting "and provided  
2209 that any such election shall cease to be effective on

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2210 January 1, 2020, and no such election shall be made after  
2211 that date" before the semicolon at the end, and in subsection  
2212 (1)(2)(C), by inserting "and ending December 31, 2019," after  
2213 "January 1, 2014."

2214 In section 1951(k)(2), 42 U.S. Code 1396n(k)(2), by  
2215 striking "during the period described in paragraph 1" and  
2216 inserting "on or after the date referred to in paragraph 1  
2217 and before January 1, 2020." And in section 1920(e), 42 U.S.  
2218 Code 1396r-1(e), by striking "under clause (i)(8), clause  
2219 (i)(4), or clause (2)(20) of subsection (a)(10)(9)" and  
2220 inserting "under clause (i)(8) or clause (ii)(20) of  
2221 subsection 1902(a)(1)(A) before January 1, 2020, section  
2222 1902(a)(10)(A)(i)(4)."

2223 Subsection 12, Repeal of Medicaid Expansion. In  
2224 general, section 1902(a)(10)(A) of Social Security Act,  
2225 42 U.S. Code 1396a(a)(10)(A), is amended. in clause (i)(8),  
2226 by inserting "at the option of a State" after "January 1,  
2227 2014," and in clause (2)(20) by inserting "and ending  
2228 December 31, 2019" after "2014."

2229 The termination of EFMAP for new ACA expansion  
2230 enrollees. Section 1905 of the Social Security Act, 42 U.S.  
2231 Code 1396d, is amended. In subsection (y)(1), in the matter  
2232 preceding subparagraph (a), by striking "with respect to" and  
2233 all that follows through "shall be" and inserting "with

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2234 respect to amounts expended before January 1, 2020, by such  
2235 State for medical assistance for newly eligible individuals  
2236 described in subclause 8 of section 1902(a)(10)(A)(i), who  
2237 are enrolled under the State plan, or a waiver of the plan,  
2238 before such date and with respect to the amounts expended  
2239 after such date by such State for medical assistance and for  
2240 individuals described in such subclause who were enrolled  
2241 under such plan, or waiver of such plan, as of December 31,  
2242 2019, and who do not have a break in eligibility for medical  
2243 assistance under such State plan, or waiver, for more than 1  
2244 month after such date, shall be."

2245 And in subsection (z)(2), in subparagraph (A), by  
2246 striking "medical assistance for individuals" and all that  
2247 follows through "shall be" and inserting "amounts expended  
2248 before January 1, 2020, by such State for medical assistance  
2249 for individuals described in section 1902(a)(10)(A)(i)(8),  
2250 who are non-pregnant, childless adults with respect to whom  
2251 the State may require enrollment in benchmark coverage under  
2252 section 1937 and who are enrolled under the State plan, or a  
2253 waiver of the plan, before such date and with respect to the  
2254 amount expended after such date by such State for medical  
2255 assistance for individuals described in such section, who are  
2256 non-pregnant childless adults with respect to whom the State  
2257 may require enrollment in benchmark coverage under section

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2258 1987, who were enrolled under such plan, or waiver of such  
2259 plan, as of December 31, 2019, and who do not have a break in  
2260 eligibility for medical assistance under such State plan, or  
2261 waiver, for more than 1 month after such date, shall be."

2262 And in subparagraph (B) (2), in subclause (III), by  
2263 adding "and" and the end and by striking subclauses (IV),  
2264 (V), and (VI), and inserting the following new subclause,  
2265 "2017 and each subsequent year is 80 percent."

2266 Sunset of essential health benefits requirement.  
2267 Section 1937(b) (5) of Social Security Act, 42 U.S. Code  
2268 1397u-7(b) (5), is amended by adding at the end the following,  
2269 "This paragraph shall not apply after December 31, 2019."

2270 Section 113, Elimination of DSH Cuts. Section 1923(f)  
2271 of the Social Security Act is amended in paragraph (7), in  
2272 paragraph (A), in clause (i), (I) in the matter preceding  
2273 subclause (I) by striking "2025" and inserting "2019," and  
2274 (ii) in clause (ii), (I) in subclause (I) by adding "and" at  
2275 the end; in subclause (II) by striking the semicolon at the  
2276 end and inserting a period; and (III) by striking subclauses  
2277 (III) through (VIII); and (B) by adding at the end the  
2278 following new paragraph, "(C) Exemption from exemption for  
2279 non-expansion states.

2280 "(i) In general, in the case of a State that is a non-  
2281 expansion State for a fiscal year, subparagraph (A) (i) shall

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2282 not apply to the DSH allotment for such State and fiscal  
2283 year. (ii) No change in reduction for expansion states. in  
2284 the case of a State that is an expansion State for a fiscal  
2285 year, the DSH allotment for such State and fiscal year shall  
2286 be determined as if clause (i) did not apply.

2287 "(iii) Non-expansion and expansion state defined. The  
2288 term 'expansion State' means with respect to a fiscal year, a  
2289 State that, as of July 1 of the preceding fiscal year,  
2290 provides for eligibility under the clause (i) (VIII) or  
2291 (ii) (XX) of section 1902(a) (10) (A) for medical assistance  
2292 under this title, or a waiver of the State plan approved  
2293 under section 1115. (II) the Term 'non-expansion State"  
2294 means, with respect to a fiscal year, a State that is not an  
2295 expansion State"; and (2) in paragraph (8), by striking  
2296 "fiscal year 2025" and inserting "fiscal year 2019."

2297 Section 114, Reducing State Medicaid Costs.

2298 Letting States disenroll high dollar lottery winners.  
2299 In general, section 1902 of the Social Security Act is  
2300 amended, (a) in section (a) (17), by striking "(e) (14),  
2301 (e) (14)" and inserting "(e) (14), (e) (15)," and (B) in  
2302 subsection (e), in paragraph 14 relating to modified adjusted  
2303 gross income, by adding at the end the following new  
2304 subparagraph, "(J) Treatment of certain lottery winnings and  
2305 income received as a lump sum.

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2306           "(i) In general, in the case of an individual who is the  
2307 recipient of qualified lottery winnings, pursuant to  
2308 lotteries occurring on or after January 1, 2020, or qualified  
2309 lump sum income received on or after such date, and whose  
2310 eligibility for medical assistance is determined based on the  
2311 application of modified adjusted gross income under  
2312 subparagraph (A), a State shall, in determining such  
2313 eligibility, include such winnings or income, as applicable,  
2314 as income received.

2315           "(I) in the month in which such winnings or income, as  
2316 applicable, is received, if the amount of such winnings or  
2317 income is less than \$80,000; (II) over a period of 2 months,  
2318 if the amount of such winnings or income, as applicable, is  
2319 greater than or equal to \$80,000 but less than \$90,000;  
2320 (III) over a period of 3 months, if the amount of such  
2321 winnings or income, as applicable, is greater than or equal  
2322 to \$90,000 but less than \$100,000; and (IV) over a period of  
2323 3 months, plus 1 additional month for each increment of  
2324 \$10,000 of such winnings or income, as applicable, received,  
2325 not to exceed a period of 120 months for winnings or income  
2326 of \$1,260,000 or more, if the amount of such winnings or  
2327 income is greater than or equal to \$100,000.

2328           "(ii) Counting in equal installments. For the purposes  
2329 of subclauses (II), (III), and (IV) of clause (i), winnings

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2330 or income to which such subclauses apply shall be counted in  
2331 equal monthly installments over the period of months  
2332 specified under such subclause.

2333 " (iii) Hardship exemption. An individual whose income,  
2334 by application of clause (i), exceeds the applicable  
2335 eligibility threshold established by the State, may continue  
2336 to be eligible for medical assistance to the extent that a  
2337 State determines, under procedures established by the State  
2338 under the State plan, or in the case of a waiver of the plan  
2339 under section 1115, incorporated in such waiver, or as  
2340 otherwise established by such State in accordance with such  
2341 standards as may be specified by the Secretary, that the  
2342 denial of eligibility of the individual would cause an undue  
2343 medical or financial hardship as determined on the basis of  
2344 criteria established by the Secretary.

2345 " (iv) Notifications and assistance required in case of  
2346 loss of eligibility. A State shall, with respect to an  
2347 individual who loses eligibility for medical assistance under  
2348 the State plan, or a waiver of such plan, by reason of  
2349 clause (i), before the date on which the individual loses  
2350 such eligibility, inform the individual of the date on which  
2351 the individual would no longer be considered ineligible by  
2352 reason of such clause to receive medical assistance under the  
2353 State plan, or under any waiver of such plan, and the date on

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2354 which the individual would be eligible to reapply to receive  
2355 such medical assistance.

2356 "(v) Qualified lottery winnings defined. In this  
2357 subparagraph, the term 'qualified lottery winnings' means  
2358 winnings from a sweepstakes, lottery, or pool described in  
2359 paragraph (3) of section 4402 of the Internal Revenue Code of  
2360 1986 or a lottery operated by a multistate or  
2361 multijurisdictional lottery association, including amounts  
2362 awarded as a lump sum payment.

2363 "(vi) Qualified lump sum income defined. In this  
2364 subparagraph, the term 'qualified lump sum income' means  
2365 income that is received as a lump sum from one of the  
2366 following sources: (1) monetary winnings from gambling, as  
2367 defined by the Secretary and including monetary winnings from  
2368 gambling activities described in section 1955(b)(4) of  
2369 Title 18, United States Code; (II) income received as liquid  
2370 assets from the estate, as defined in section 1917(b)(4) of a  
2371 deceased individual"; and (ii) by striking "(14) exclusion"  
2372 and inserting "(15) exclusion."

2373 (2), Rules of construction. (A) Interception of lottery  
2374 winnings allowed. Nothing in the amendment made by paragraph  
2375 (1)(B)(i) shall be construed as preventing a State from  
2376 intercepting the State lottery winnings awarded to an  
2377 individual in the State to recover amounts paid by the State

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2378 under the State Medicaid plan under Title XIX of the Social  
2379 Security Act for medical assistance furnished to the  
2380 individual.

2381 (B) Applicability limited to eligibility of recipient of  
2382 lottery winnings or lump sum income. Nothing in the  
2383 amendment made by paragraph (1) (B) (i) shall be construed,  
2384 with respect to a determination of household income for  
2385 purposes of a determination of eligibility for medical  
2386 assistance under the State plan under Title XIX of the Social  
2387 Security Act, or a waiver of such plan, made by applying  
2388 modified adjusted gross income under subparagraph (A) of  
2389 section 1902(e) (14) of such Act, as limiting the eligibility  
2390 for such medical assistance of any individual that is a  
2391 member of the household other than the individual, or the  
2392 individual's spouse, who received qualified lottery winnings  
2393 or qualified lump sum income as defined in subparagraph (J)  
2394 of such section 1902(e) (14), as added by paragraph (1) (B) (i)  
2395 of this subsection.

2396 B, repeal of retroactive eligibility. In general, State  
2397 plan requirements, section 1902(a) (34) of the Social Security  
2398 Act is amended by striking "in or after the third month  
2399 before the month in which he made application" and inserting  
2400 "in or after the month in which the individual made  
2401 application."

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2402 Definition of medical assistance. Section 1905(a) of  
2403 the Social Security Act is amended by striking "in or after  
2404 the third month before the month in which the recipient makes  
2405 an application for assistance" and inserting "in or after the  
2406 month in which the recipient makes application for  
2407 assistance."

2408 Effective date. The amendments made by paragraph (1)  
2409 shall apply to medical assistance with respect to individuals  
2410 whose eligibility for such assistance is based on an  
2411 application for such assistance made, or deemed to be made,  
2412 on or after October 1, 2017.

2413 C, ensuring States are not forced to pay for individuals  
2414 ineligible for the program. (1) In general, section 1137(f)  
2415 of the Social Security Act is amended by striking  
2416 "Subsections (a) (1) and (d)" and inserting "(1) Subsections  
2417 (a) (1) and (d)"; and (B) by adding at the end the following  
2418 new paragraph.

2419 "(2) (A) Subparagraphs (A) and (B) (ii) of subsection  
2420 (d) (4) shall not apply in the case of an initial  
2421 determination made on or after the date that is 6 months  
2422 after the date of the enactment of this paragraph with  
2423 respect to the eligibility of an alien described in  
2424 subparagraph (B) for the benefits under the program listed in  
2425 subsection (b) (2).

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2426           "(B) An alien described in this subparagraph is an  
2427 individual declaring to be a citizen or national of the  
2428 United States with respect to whom a State, in accordance  
2429 with section 1902(a)(46)(B), requires, (i) pursuant to  
2430 1902(ee), the submission of a social security number; or (ii)  
2431 pursuant to 1903(x), the presentation of satisfactory  
2432 documentary evidence of citizenship or nationality."

2433           Two, no payments for medical assistance provided before  
2434 presentation of evidence. Section 1903(i)(22) of the Social  
2435 Security Act is amended: (A) by striking "with respect to  
2436 amounts expended" and inserting "(A) with respect to amounts  
2437 expended"; (B) by inserting "and" at the end; and (C) by  
2438 adding at the end the following new subparagraph. "In the  
2439 case of a State that elects to provide a reasonable period to  
2440 present satisfactory documentary evidence of such citizenship  
2441 or nationality pursuant to paragraph (2)(C) of section  
2442 1902(ee) or paragraph (4) of subsection (x) of this section,  
2443 for amounts expended for medical assistance for such an  
2444 individual, other than an individual described in paragraph  
2445 (2) of such subsection (x), during such period."

2446           Three, conforming amendments. Section 1137(d)(4) of the  
2447 Social Security Act is amended. (A) in subparagraph (A), in  
2448 the matter preceding clause (i), by inserting "subject to  
2449 subsection (f)(2)" before "the State"; and (B) in

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2450 subparagraph (B) (ii), by inserting "subject to subsection  
2451 (f) (2)" before "pending such verification."

2452 D, updating allowable home equity limits in Medicaid.

2453 (1) In general, section 1917(f) (1) of the Social Security Act  
2454 is amended. (A) in subparagraph (A), by striking  
2455 "subparagraphs (B) and (C)" and inserting "subparagraph (B)";  
2456 (B) by striking subparagraph (B); (C) by redesignating  
2457 subparagraph (C) as subparagraph (B); and (D) in  
2458 subparagraph (B), as so redesignated, by striking "dollar  
2459 amounts specified in this paragraph" and inserting "dollar  
2460 amount specified in subparagraph (A)."

2461 Two, effective date. (A) In general, the amendments  
2462 made by paragraph (a) shall apply with respect to eligibility  
2463 determinations made after the date that is 180 days after the  
2464 date of the enactment of section. (B) Exception for State  
2465 legislation. In the case of a State plan under Title XIX of  
2466 the Social Security Act, that the Secretary of Health and  
2467 Human Services determines requires State legislation in order  
2468 for the respective plan to meet any requirement imposed by  
2469 amendments made by this subsection, the respective plan shall  
2470 not be regarded as failing to comply with the requirements of  
2471 such title solely on the basis of its failure to meet such an  
2472 additional requirement before the first day of the first  
2473 calendar quarter beginning after the close of the first

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2474 regular session of the State legislature that begins after  
2475 the date of the enactment of this Act.

2476 For the purposes of the previous sentence, in the case  
2477 of a State that has a 2-year legislative session, each year  
2478 of the session shall be considered to be a separate regular  
2479 session of the State legislature.

2480 Section 115, Safety Net Funding for Non-Expansion  
2481 States. Title XIX of the Social Security Act is amended by  
2482 inserting after 1923 the following new section. "Adjustment  
2483 in payment for services of safety net providers in non-  
2484 expansion States.

2485 "Section 1923A. (a) In general, subject to the  
2486 limitations of this section, for each year during the period  
2487 beginning with 2018 and ending with 2021, each State that is  
2488 1 of the 50 States or the District of Columbia and that, as  
2489 of July 1 of the preceding year, did not provide for  
2490 eligibility under clause (i) (VIII) or (ii) (XX) of section  
2491 1902(a) (10) (A) for medical assistance under this title, or a  
2492 waiver of the State plan approved under section 1115, each  
2493 such State or District referred to in this section for the  
2494 year as a 'non-expansion State' may adjust the payments  
2495 amounts otherwise provided under the State plan under this  
2496 title, or a waiver of such plan, to healthcare providers that  
2497 provide healthcare services to individuals enrolled under

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2498 this title, in this section referred to as 'eligible  
2499 providers.'

2500 "(b) Increase in applicable FMAP. Notwithstanding  
2501 section 1905(b), the Federal medical assistance percentage  
2502 applicable with respect to expenditures attributable to a  
2503 payment adjustment under subsection (a) for which payment is  
2504 permitted under subsection (c) shall be equal to: (1) 100  
2505 percent for calendar quarters in calendar years 2018, 2019,  
2506 2020, and 2021; and (2) 95 percent for calendar quarters in  
2507 calendar year 2022.

2508 "(c) Limitations; disqualification of states.  
2509 (1) Annual allotment limitation. Payment under subsection  
2510 1903(a) shall not be made to a State with respect to any  
2511 payment adjustment made under this section for all calendar  
2512 quarters in a year in excess of the 2 billion multiplied by  
2513 the ratio of (A) the population of the State with income  
2514 below 138 percent of the poverty line in 2015, as determined  
2515 based the table entitled Health Insurance Coverage Status and  
2516 Type by Ratio of Income to Poverty Level in the Past 12  
2517 Months by Age, for the universe of the civilian non-  
2518 institutionalized population for whom poverty status is  
2519 determined based on the 2015 American Community Survey 1-year  
2520 estimates as published by the Bureau of the Census to (B) the  
2521 sum of the populations under subparagraph (a) for all non-

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2522 expansion States.

2523           "(2) Limitation of payment adjustment amount for  
2524 individual providers. The amount of a payment adjustment  
2525 under subsection (a) for an eligible provider may not exceed  
2526 the provider's costs incurred in furnishing healthcare  
2527 services, as determined by the Secretary and net of payments  
2528 under this title, other than under this section, and by  
2529 uninsured patients, to individuals who either are eligible  
2530 for medical assistance under the State plan, or under a  
2531 waiver of such plan, or have no health insurance or health  
2532 plan coverage for such services.

2533           "(d) Disqualification in case of State coverage  
2534 expansion. If a State is a non-expansion for a year and  
2535 provides eligibility for medical assistance described in  
2536 subsection (a) during the year, the State shall no longer be  
2537 treated as a non-expansion State under this section for any  
2538 subsequent years."

2539           Section 116, Providing Incentives for Increased  
2540 Frequency of Eligibility Redeterminations. A, In general,  
2541 section 1902(e)(14) of the Social Security Act, 42 U.S.C.  
2542 1396a(e)(14), relating to modified adjusted gross income, as  
2543 amended by section 114(a)(1), is further amended by adding at  
2544 the end the following.

2545           K, frequency of eligibility redeterminations. Beginning

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2546 on October 1, 2017, and notwithstanding subparagraph (H), in  
2547 the case of an individual whose eligibility for medical  
2548 assistance under the State plan under this title, or a waiver  
2549 of such plan, is determined based on the application of  
2550 modified adjusted gross income under subparagraph (A), and  
2551 who is eligible on the basis of clause (i) (VIII) or clause  
2552 (ii) (XX) of subsection (a) (10) (A), a State shall redetermine  
2553 such individual's eligibility for such medical assistance no  
2554 less frequently than once every 6 months.

2555 B, civil monetary penalty. Section 1128A(a) of the  
2556 Social Security Act, 42 U.S.C. 1320a-7(a), is amended, in the  
2557 matter following paragraph (10), by striking "or in cases  
2558 under paragraph (3)" and inserting the following "or in cases  
2559 under paragraph (1) in which an individual was knowingly  
2560 enrolled on or after October 1, 2017, pursuant to section  
2561 1902(a) (10) (A) (i) (VIII) for medical assistance under the  
2562 State plan under Title XIX whose income does not meet the  
2563 income threshold specified in such section or in which a  
2564 claim was presented on or after October 1, 2017, as a claim  
2565 for an item or service furnished to an individual described  
2566 in such section but whose enrollment under State plan is not  
2567 made on the basis of such individual's meeting the income  
2568 threshold specified in such section, \$20,000 for each such  
2569 individual or claim, in cases under paragraph (3)."

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2570 C, increased administrative matching percentage. For  
2571 each calendar quarter during the period beginning on  
2572 October 1, 2017, and ending on December 31, 2019, the Federal  
2573 matching percentage otherwise applicable under section  
2574 1903(a) of the Social Security Act, 42 U.S.C. 1396b(a), with  
2575 respect to State expenditures during such quarter that are  
2576 attributable to meeting the requirement of section  
2577 1902(e)(14) relating to determinations of eligibility using  
2578 modified adjusted gross income of such Act shall be increased  
2579 by 5 percentage points with respect to State expenditures  
2580 attributable to activities carried out by the State, and  
2581 approved by the Secretary, to increase the frequency of  
2582 eligibility redeterminations required by subparagraph (K) of  
2583 such section relating to eligibility redeterminations made on  
2584 a 6-month basis, as added by subsection (a).

2585 Subtitle C, Per Capita Allotment for Medical Assistance.  
2586 Section 121, Per Capita Allotment for Medical Assistance.

2587 Title XIX of the Social Security Act is amended. (1) in  
2588 section 1903, 42 U.S.C. 1396b, in subsection (a), in the  
2589 matter before paragraph (1), by inserting "and section  
2590 1903A(a)" after "except as otherwise provided in this  
2591 section" and (B) in subsection (d)(1), by striking "to which"  
2592 and inserting "to which, subject to section 1903A(a)."

2593 And (2) by inserting after such section 1903 the

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2594 following new section, Section 1903A, Per Capita-Based Cap on  
2595 Payments for Medical Assistance. A, application of per  
2596 capita cap on payments for medical assistance expenditures.

2597 (1) In general, if a State has excess aggregate medical  
2598 assistance expenditures, as defined in paragraph (2) for a  
2599 fiscal year beginning with fiscal year 2020, and the amount  
2600 of payment to the State under section 1903(a)(1) for each  
2601 quarter in the following fiscal year shall be reduced by one-  
2602 fourth of the excess aggregate medical assistance payments,  
2603 as defined by paragraph (3), for that previous fiscal year.  
2604 In this section, the term "state" means only the 50 States  
2605 and the District of Columbia.

2606 (2) Excess aggregate medical assistance expenditures.  
2607 In this subsection, the term "excess aggregate medical  
2608 assistance expenditures" means, for a State and for a fiscal  
2609 year, the amount, if any, by which: (A) the amount of the  
2610 adjusted total medical assistance expenditures, as defined in  
2611 subsection (b)(1) for the State and fiscal year exceeds (B)  
2612 the amount of the target total medical assistance  
2613 expenditures, as defined in subsection (c) for the State and  
2614 fiscal year.

2615 (3) Excess aggregate medical assistance payments. In  
2616 this section, the term "excess aggregate medical assistance  
2617 payments" means, for a State for a fiscal year, the product

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2618 of: (A) the excess aggregate medical assistance  
2619 expenditures, as defined in paragraph (2) for the State for  
2620 the fiscal year; and (B) the Federal average medical  
2621 assistance matching percentage, as defined in paragraph (4)  
2622 for the State for the fiscal year.

2623 (4) Federal average medical assistance matching  
2624 percentage. In this subsection, the term "Federal average  
2625 medical assistance matching percentage" means, for a State  
2626 for a fiscal year, the ratio, expressed as a percentage of:  
2627 (A) the amount of the Federal payments that would be made to  
2628 the State under subsection 1903(a)(1) for medical assistance  
2629 expenditures for calendar quarters in the fiscal year if  
2630 paragraph (1) did not apply; to (B) the amount of the medical  
2631 assistance expenditures for the State and fiscal year.

2632 (b) Adjusted total medical assistance expenditures.  
2633 Subject to subsection (g), the following shall apply: (1) In  
2634 general, in this section, the term "adjusted total medical  
2635 assistance expenditures" means for a State: (A) for fiscal  
2636 year 2016, the product of the amount of the medical  
2637 assistance expenditures as defined in paragraph (2) for the  
2638 State and fiscal year, reduced by the amount of any excluded  
2639 expenditures, as defined in paragraph (3) for the State and  
2640 fiscal year otherwise included in such medical assistance  
2641 expenditures; and (ii) the 1903A FY16 population percentage,

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2642 as defined in paragraph (4) for the State.

2643 Or (B) the fiscal year 2019 or a subsequent fiscal year,  
2644 the amount of medical assistance expenditures as defined in  
2645 paragraph (2) for the State and fiscal year that is  
2646 attributable to 1903A enrollees, reduced by the amount of any  
2647 excluded expenditures, as defined in paragraph (3), for the  
2648 State and fiscal year otherwise included in such medical  
2649 assistance expenditures.

2650 (2) Medical assistance expenditures. In this section,  
2651 the term "medical assistance expenditures" means, for a State  
2652 and fiscal year, the medical assistance payments as reported  
2653 by medical service category on the Form CMS-64 quarterly  
2654 expense report, or successor to such a report form, and  
2655 including enrollment data and subsequent adjustments to any  
2656 such report, in this section referred to collectively as a  
2657 CMS-64 report, that directly result from providing medical  
2658 assistance under the State plan, including a waiver of the  
2659 plan, for which payment is, or may otherwise be, made  
2660 pursuant to section 1903(a)(1).

2661 Excluded expenditures. In this section, the term  
2662 "excluded expenditures" means, for a State and fiscal year,  
2663 expenditures under the State plan, or under a waiver of such  
2664 plan, that are attributable to any of the following.

2665 (A) DSH, payment adjustments made for disproportionate share

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2666 hospitals under subsection 1923. (B) Medicare cost-sharing,  
2667 payments made for Medicare cost-sharing as defined in section  
2668 1903(p) (3). (C) Safety net provider payment adjustments in  
2669 non-expansion States, payment adjustments under  
2670 subsection (a) of section 1923A for which payment is  
2671 permitted under subsection (c) of such section.

2672 (4) 1903A FY16 population percentage. In this  
2673 subsection, the term "1903A FY16 population percentage"  
2674 means, for a State, the Secretary's calculation of the  
2675 percentage of the actual medical assistance expenditures, as  
2676 reported by the State on the CMS-64 reports for calendar  
2677 quarters in fiscal year 2016, that are attributable to 1903A  
2678 enrollees, as defined in subsection (e) (1).

2679 C, target total medical assistance expenditures.

2680 (1) Calculation. In this section, the term "target total  
2681 medical assistance expenditures" means, for a State for a  
2682 fiscal year, the sum of the products for each of the 1903A  
2683 enrollee categories, as defined in section (e) (2) of:

2684 (A) the target per capita medical assistance expenditures, as  
2685 defined in paragraph (2) for the enrollee category, State,  
2686 and fiscal year; and (B) the number of 1903A enrollees for  
2687 such enrollee category, State, and fiscal year, as determined  
2688 in subsection (e) (4).

2689 (2), target per capita medical assistance expenditures.

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2690 In this subsection, the term "target per capita medical  
2691 assistance expenditures" means, for a 1903A enrollee  
2692 category, State, and a fiscal year, an amount equal to:  
2693 (A) the provisional FY19 target per capita amount for such  
2694 enrollee category, as calculated under subsection (d)(5) for  
2695 the State; increased by (B) the percentage increase in the  
2696 medical care component of the consumer price index for all  
2697 urban consumers, U.S. city average, for September of 2019 to  
2698 September of the fiscal year involved.

2699 Mr. Lujan. Mr. Chairman, parliamentary inquiry.

2700 Mr. Burgess. The gentleman is not recognized. We are  
2701 reading the bill at his request. The clerk will proceed.

2702 Mr. Lujan. Mr. Chairman, so we can be recognized at the  
2703 end of this? Because I have to step out to the restroom, so  
2704 I apologize to everyone but I have to go relieve myself.

2705 The Clerk. (d) Calculation of FY19 provisional target  
2706 amount for each 1903A enrollee category. Subject to  
2707 subsection (g), the following shall apply: (1) calculation  
2708 of base amounts for fiscal year 2016. For each State, the  
2709 Secretary shall calculate, and provide notice to the State  
2710 not later than April 1, 2018, of the following:

2711 (A) The amount of the adjusted total medical assistance  
2712 expenditures, as defined in subsection (b)(1) for the State  
2713 for fiscal year 2016. (B) The number of 1903A enrollees for

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2714 the State in fiscal year 2016, as determined under subsection  
2715 (e) (4). (C) The average per capital medical assistance  
2716 expenditures for the State for fiscal year 2016 equal to,  
2717 (i) the amount calculated under subparagraph (A); divided by  
2718 (ii) the number calculated under subparagraph (B).

2719 (2) Fiscal year 2019 average per capita amount based on  
2720 inflating the fiscal year 2016 amount to fiscal year 2019 by  
2721 CPI-Medical. The Secretary shall calculate a fiscal year  
2722 2019 average per capita amount for each State equal to:

2723 (A) the average per capita medical assistance expenditures  
2724 for the State for fiscal year 2016, calculated under  
2725 paragraph (1) (C); increased by (B) the percentage increase in  
2726 the medical care component of the consumer price index for  
2727 all urban consumers, U.S. city average, from September 2016  
2728 to September 2019.

2729 (3) Aggregate and average expenditures per capita for  
2730 fiscal year 2016. The Secretary shall calculate for each  
2731 State the following: (A) The amount of the adjusted total  
2732 medical assistance expenditures, as defined in  
2733 subsection (b) (1) for the State for fiscal year 2019; (B) the  
2734 number of 1903A enrollees for the State in fiscal year 2019,  
2735 as determined under subsection (e) (4).

2736 (4) Per capita expenditures for fiscal year 2019 for  
2737 each 1903A enrollee category. The Secretary shall calculate,

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2738 and provide notice to each State not later than January 1,  
2739 2020, of the following: (A) (i) For each 1903A enrollee  
2740 category, the amount of the adjusted total medical assistance  
2741 expenditures, as defined in subsection (b)(1) for the State  
2742 for fiscal year 2019 for individuals in the enrollee  
2743 category, calculated by excluding from medical assistance  
2744 expenditures those expenditures attributable to expenditures  
2745 described in clause (iii) or non-DSH supplemental  
2746 expenditures, as defined in clause (ii).

2747 (ii) In this paragraph, the term "non-DSH supplemental  
2748 expenditure" means a payment to a provider under the State  
2749 plan, or under a waiver of that plan, that: (I) is not made  
2750 under section 1923; (II) is not made with respect to a  
2751 specific item or service for an individual; (III) is in  
2752 addition to any payments made to the provider under the plan,  
2753 or waiver, for any such item or service; and (IV) complies  
2754 with the limits for additional payments to providers under  
2755 the plan, or waiver, imposed pursuant to section  
2756 1902(a)(30)(A), including the regulations specifying upper  
2757 payment limits under the State plan in part 447 of Title 42,  
2758 Code of Federal Regulations, or any successor regulations.

2759 (iii) An expenditure described in this clause is an  
2760 expenditure that meets the criteria specified in subclauses  
2761 (I), (II), and (III) of clause (ii) and is authorized under

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2762 section 1115 for the purposes of funding a delivery system  
2763 reform pool, uncompensated care pool, a designated state  
2764 health program, or any other similar expenditure, as defined  
2765 by the Secretary.

2766 (B) For each 1903A enrollee category, the number of  
2767 1903A enrollees for the State in fiscal year 2019 in the  
2768 enrollee category, as determined under subsection (e)(4);

2769 (C) For fiscal year 2016, the State's non-DSH supplemental  
2770 payment percentage is equal to the ratio, expressed as a  
2771 percentage, of: (i) the total amount of non-DSH supplemental  
2772 expenditures, as defined in subparagraph (A)(ii) for the  
2773 State for fiscal year 2016; to (ii) the amount described in  
2774 subsection (b)(1)(A) for the State for fiscal year 2016.

2775 (D) For each 1903A enrollee category, an average medical  
2776 assistance expenditures per capita for the State for fiscal  
2777 year 2019 for the enrollee category equal to: (i) the amount  
2778 calculated under subparagraph (A) for the State, increased by  
2779 the non-DSH supplemental payment percentage for the State, as  
2780 calculated under subparagraph (C), divided by (ii) the number  
2781 calculated under subparagraph (B) for the State for the  
2782 enrollee category.

2783 (5) Provisional FY19 per capita target amount for each  
2784 1903A enrollee category. Subject to subsection (f)(2), the  
2785 Secretary shall calculate for each State a provisional FY19

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2786 per capita target amount for each 1903A enrollee category  
2787 equal to the average medical assistance expenditures per  
2788 capita for the State for fiscal year 2019, as calculated  
2789 under paragraph (4) (D) for such enrollee category multiplied  
2790 by the ratio of: (A) the product of (i) the fiscal year 2019  
2791 average per capita amount for the State, as calculated under  
2792 paragraph (2); and (ii) the number of 1903A enrollees for the  
2793 State in fiscal year 2019, as calculated under paragraph  
2794 (3) (B); to (B) the amount of the adjusted total medical  
2795 assistance expenditures for the State for fiscal year 2019,  
2796 as calculated under paragraph (3) (A).

2797 1903A enrollee; 1903A enrollee category. Subject to  
2798 subsection (g), for purposes of this section, the following  
2799 shall apply: (1) 1903A enrollee, the term "1903A enrollee"  
2800 means, with respect to a State and a month, any Medicaid  
2801 enrollee, as defined in paragraph (3) for the month, other  
2802 than such an enrollee who for such month is in any of the  
2803 following categories of excluded individuals: (A) CHIP, an  
2804 individual who is provided, under this title in the manner  
2805 described in section 2101(a) (2), child health assistance  
2806 under Title XXI.

2807 (B) IHS, an individual who receives any medical  
2808 assistance under this title for services for which payment is  
2809 made under the third sentence of section 1905(b).

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2810 (C) breast and cervical cancer services eligible  
2811 individual, an individual who is entitled to medical  
2812 assistance under this title only pursuant to section  
2813 1902(a)(10)(A)(ii)(XVIII).

2814 (D) partial benefit enrollees, an individual who:  
2815 (i) is an alien who is entitled to medical assistance under  
2816 this title only pursuant to section 1903(v)(2); (ii) is  
2817 entitled to medical assistance under this title only pursuant  
2818 to subclause (XII) or (XXI) of section 1902(a)(10)(A)(ii), or  
2819 pursuant to a waiver that provides only comparable benefits;  
2820 (iii) is a dual eligible individual, as defined in Section  
2821 1915(h)(2)(B) and is entitled to medical assistance under  
2822 this title, or under a waiver, only for some or all of  
2823 Medicare cost-sharing, as defined in section 1905(p)(3); or  
2824 (iv) is entitled to medical assistance under this title and  
2825 for whom the State is providing a payment or subsidy to an  
2826 employer for coverage of the individual under a group health  
2827 plan pursuant to section 1906 or Section 1906A, or pursuant  
2828 to a waiver that provides only comparable benefits.

2829 (2) 1903A enrollee category. The term "1903A enrollee  
2830 category" means each of the following: (A) elderly, a  
2831 category of 1903A enrollees who are 65 years of age or older;  
2832 (B) blind or disabled, a category of 1903A enrollees, not  
2833 described in the previous subparagraph, who are eligible for

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2834 medical assistance under this title on the basis of being  
2835 blind or disabled; (c) children, a category of 1903A  
2836 enrollees, not described in a previous subparagraph, who are  
2837 children under 19 years of age; (d) expansion enrollees, a  
2838 category of 1903A enrollees, not described in a previous  
2839 subparagraph, for whom the amounts expended for medical  
2840 assistance are subject to an increase or change in the  
2841 Federal medical assistance percentage under subsection (y) or  
2842 (z) (2), respectively, of section 1905.

2843 Other non-elderly, non-disabled, non-expansion adults.  
2844 A category of 1903A enrollees who are not described in any  
2845 previous subparagraph.

2846 (3) Medicaid enrollee. The term "Medicaid enrollee"  
2847 means, with respect to a State for a month, an individual who  
2848 is eligible for medical assistance for items or services  
2849 under this title and enrolled under the State plan, or a  
2850 waiver of such plan, under this title for the month.

2851 (4) Determination of number of 1903A enrollees. The  
2852 number of 1903A enrollees for a State and fiscal year, and,  
2853 if applicable, for a 1903A enrollee category, is the average  
2854 monthly number of Medicaid enrollees for such State and  
2855 fiscal year, and, if applicable, in such category, that are  
2856 reported through the CMS-64 report, and subject to audit  
2857 under H.

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2858 (f) Special payment rules. (1) Application in case of  
2859 research and demonstration projects and other waivers. In the  
2860 case of a State with a waiver of the State plan approved  
2861 under section 1115, section 1915, or another provision of  
2862 this title, this section shall apply to medical assistance  
2863 expenditures and medical assistance payments under the  
2864 waiver, in the same manner as if such expenditures and  
2865 payments had been made under a State plan under this title,  
2866 and the limitations on expenditures under this section shall  
2867 supersede any other payment limitations or provisions,  
2868 including limitations based on a per capita limitation,  
2869 otherwise applicable under such a waiver.

2870 (2) Treatment of States expanding coverage after fiscal  
2871 year 2016. In the case of a State did not provide for  
2872 medical assistance for the 1903A enrollee category described  
2873 in subsection (e) (2) (D) during fiscal year 2016, but which  
2874 provides for such assistance for such category in a  
2875 subsequent year, the provisional FY19 per capita target  
2876 amount for such enrollee category under subsection (d) (5)  
2877 shall be equal to the provisional FY19 per capita target  
2878 amount for the 1903A enrollee category described in  
2879 subsection (e) (2) (E).

2880 (3) In case of a State failure to report necessary data.  
2881 If a State for any quarter in a fiscal year, beginning with

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2882 fiscal year 2019, fails to satisfactorily submit data on  
2883 expenditures and enrollees in accordance with subsection  
2884 (h) (1), for such fiscal year and any succeeding fiscal year  
2885 for which such data are not satisfactorily submitted:  
2886 (A) the Secretary shall calculate and apply subsections (a)  
2887 through (e) with respect to the State as if all 1903A  
2888 enrollee categories for which such expenditure and enrollee  
2889 data were not satisfactorily submitted were a single 1903A  
2890 enrollee category; and (B) the growth factor otherwise  
2891 applied under subsection (c) (2) (B) shall be decreased by  
2892 1 percentage point.

2893 (g) Recalculation of certain amounts for data errors.  
2894 The amounts and percentages calculated under paragraphs (1)  
2895 and (4) (C) of subsection (d) for a State for fiscal year  
2896 2016, and the amounts of adjusted total medical assistance  
2897 expenditures calculated under subsection (b) and the number  
2898 of Medicaid enrollees and 1903A enrollees determined under  
2899 subsection (e) (4) for a State for fiscal year 2016, fiscal  
2900 year 2019, and any subsequent fiscal year, may be adjusted by  
2901 the Secretary based upon an appeal, filed by the State in  
2902 such form, manner, and time, and containing such information  
2903 relating to data errors that support such appeal, as the  
2904 Secretary specifies, that the Secretary determines to be  
2905 valid, except that any adjustment by the Secretary under this

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2906 subsection for a State may not result in an increase of the  
2907 target total medical assistance expenditures exceeding 2  
2908 percent.

2909 (h) Required reporting and auditing of CMS-64 data;  
2910 transitional increase in Federal matching percentage for  
2911 certain administrative expenses.

2912 (1) Reporting. In addition to the data required on form  
2913 Group VIII on the CMS-64 report form, as of January 1, 2017,  
2914 in each CMS-64 report required to be submitted, for each  
2915 quarter beginning on or after October 1, 2018), the State  
2916 shall include data on medical assistance expenditures within  
2917 such categories of service and categories of enrollees,  
2918 including each 1903A enrollee category and each category of  
2919 excluded individuals under subsection (e)(1) and the numbers  
2920 of enrollees within each of such enrollee categories, as the  
2921 Secretary determines are necessary, including timely guidance  
2922 published as soon as possible after the date of the enactment  
2923 of this section, in order to implement this section and to  
2924 enable States to comply with the requirement of this  
2925 paragraph on a timely basis.

2926 (2) Auditing. The Secretary shall conduct for each  
2927 State an audit of the number of individuals and expenditures  
2928 reported through the CMS-64 report for fiscal year 2016,  
2929 fiscal year 2019, and each subsequent fiscal year, which

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2930 audit may be conducted on a representative sample, as  
2931 determined by the Secretary.

2932 (3) Temporary increase in Federal matching percentage to  
2933 support improved data systems for fiscal years 2018 and 2019.  
2934 For amounts expended during calendar quarters beginning on or  
2935 after October 1, 2017, and before October 1, 2019, (A) the  
2936 Federal matching percentage applied under section  
2937 1903(a)(3)(A)(i) shall be increased by 10 percentage points  
2938 to 100 percent; (B) the Federal matching percentage applied  
2939 under section 1903(a)(3)(B) shall be increased by 25  
2940 percentage points to 100 percent; and (C) the Federal  
2941 matching percentage applied under section 1903(a)(7) shall be  
2942 increased by 10 percentage points to 60 percent but only with  
2943 respect to amounts expended that are attributable to a  
2944 State's additional administrative expenditures to implement  
2945 the data requirements of paragraph (1).

2946 Subtitle D, Patient Relief and Health Insurance Market  
2947 Stability. Section 131, Repeal of Cost-Sharing Subsidy.

2948 (a) In general, section 1402 of the Patient Protection  
2949 and Affordable Care Act is repealed. (b) Effective date.  
2950 The repeal made by subsection (a) shall apply to cost-sharing  
2951 reductions, and payments to issuers for such reductions, for  
2952 plan years beginning after December 31, 2019.

2953 Section 132, Patient and State Stability Fund.

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2954 The Social Security Act, 42 U.S.C. 301, is amended by  
2955 adding at the end the following new title, "Title XXII,  
2956 Patient and State Stability Fund."

2957 Section 2201. Establishment of Program.

2958 There is hereby established the Patient and State  
2959 Stability Fund to be administered by the Secretary of Health  
2960 and Human Services, acting through the Administrator of the  
2961 Centers for Medicare and Medicaid Services, in this section  
2962 referred to as the "Administrator," to provide funding in  
2963 accordance with this title to the 50 States and the District  
2964 of Columbia, each referred to in this section as a "State,"  
2965 during the period, subject to section 2204(c), beginning on  
2966 January 1, 2018, and ending on December 31, 2026, for the  
2967 purposes described in section 2202.

2968 Section 2202. Use of Funds.

2969 A State may use the funds allocated to the State under  
2970 this title for any of the following purposes: (1) Helping,  
2971 through the provision of financial assistance, high-risk  
2972 individuals who do not have access to health insurance  
2973 coverage offered through an employer enroll in health  
2974 insurance coverage in the individual market in the State, as  
2975 such market is defined by the State, whether through the  
2976 establishment of a new mechanism or maintenance of an  
2977 existing mechanism for such purpose.

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2978 (2) Providing incentives to appropriate entities to  
2979 enter into arrangements with the State to help stabilize  
2980 premiums for health insurance coverage in the individual  
2981 market, as such markets are defined by the State.

2982 (3) Reducing the cost for providing health insurance  
2983 coverage in the individual market and small group market, as  
2984 such markets are defined by the State, to individuals who  
2985 have, or are projected to have, a high rate of utilization of  
2986 health services, as measured by cost.

2987 (4) Promoting participation in the individual market and  
2988 small group market in the State and increasing health  
2989 insurance options available through such market.

2990 (5) Promoting access to preventative services; dental  
2991 care services, whether preventative or medically necessary;  
2992 vision care services, whether preventative or medically  
2993 necessary; prevention, treatment, or recovery support  
2994 services for individuals with mental or substance use  
2995 disorders; or any combination of such services.

2996 (6) Providing payments, directly or indirectly, to  
2997 healthcare providers for the provision of such healthcare  
2998 services as are specified by the Administrator.

2999 (7) Providing assistance to reduce out-of-pocket costs,  
3000 such as co-payments, co-insurance, premiums, and deductibles,  
3001 of individuals enrolled in health insurance coverage in the

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3002 State.

3003 Section 2203, State Eligibility and Approval; Default  
3004 Safeguard.

3005 (a) Encouraging State options for allocations. (1) In  
3006 general, to be eligible for an allocation of funds under this  
3007 title for a year during the period described in section 2201  
3008 for use for one or more purposes described in section 2202, a  
3009 State shall submit to the Administrator an application at  
3010 such time, but, in the case of allocations for 2018, not  
3011 later than 45 days after the date of enactment of this title  
3012 and, in the case of allocations for a subsequent year, not  
3013 later than March 31 of the previous year, in such form and  
3014 manner as specified by the Administrator and containing:

3015 (A) a description of how the funds will be used for such  
3016 purposes; (B) a certification that the State will make, from  
3017 non-Federal funds, expenditures for such purposes in an  
3018 amount that is not less than the State percentage required  
3019 for the year under section 2204(e)(1); and (C) such other  
3020 information as the Administrator may require.

3021 (2) Automatic approval. An application so submitted is  
3022 approved unless the Administrator notifies the State  
3023 submitting the application, not later than 60 days after the  
3024 date of submission of such application, that the application  
3025 has been denied for not being in compliance with any

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3026 requirement of this title and of the reason for such denial.

3027 (3) One-time application. If an application of a State  
3028 is approved for a year, with respect to a purpose described  
3029 in section 2202, such application shall be treated as  
3030 approved, with respect to such purpose, for each subsequent  
3031 year through 2026.

3032 (4) Treatment as a State healthcare program. Any  
3033 program receiving funds from an allocation for a State under  
3034 this title, including pursuant to subsection (b), shall be  
3035 considered to be a State healthcare program for purposes of  
3036 sections 1128, 1128A, and 1128B.

3037 (b) Default Federal safeguard. (1) In General, (A)  
3038 2018. For allocations made under this title for 2018, in the  
3039 case of a State that does not submit an application under  
3040 subsection (a) by the 45-day submission date applicable to  
3041 such year under subsection (a)(1), and in the case of a State  
3042 that does not submit such an application by such date that is  
3043 not approved, subject to section 2204(e), the Administrator,  
3044 in consultation with the State insurance commissioner, shall  
3045 use the allocation that would otherwise be provided to the  
3046 State under this title for such year, in accordance with  
3047 paragraph (2) for such State.

3048 (B) 2019 through 2026. In the case of a State that does  
3049 not have in effect an approved application under this section

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3050 for 2019, or a subsequent year beginning during the period  
3051 described in section 2201, subject to section 2204(e), the  
3052 Administrator, in consultation with the State insurance  
3053 commissioner, shall use the allocation that would otherwise  
3054 be provided to the State under this title for such year, in  
3055 accordance with paragraph (2) for such State.

3056 (2) Required use for market stabilization payments to  
3057 issuers. An allocation for a state made pursuant to  
3058 paragraph (1) for a year shall be used to carry out the  
3059 purpose described in section 2202(2) in such State by  
3060 providing payments to appropriate entities described in such  
3061 section with respect to claims that exceed \$50,000 or, with  
3062 respect to allocations made under this title for 2020 or a  
3063 subsequent year during the period specified in section 2201,  
3064 such dollar amount specified by the Administrator, but do not  
3065 exceed \$350,000, or with respect to allocations made under  
3066 this title for 2020 or a subsequent year during such period,  
3067 such dollar amount specified by the Administrator, in an  
3068 amount equal to 75 percent, or with respect to allocations  
3069 made under this title for 2020 or a subsequent year during  
3070 such period, such percentage specified by the Administrator,  
3071 of the amount of such claims.

3072 Section 2204, Allocations.

3073 (a) Appropriation. For the purpose of providing

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3074 allocations for States, including pursuant to section 2203(b)  
3075 under this title, there is appropriated, out of any money in  
3076 the Treasury not otherwise appropriated: (1) for 2018,  
3077 \$15 billion; (2) for 2019, \$15 billion; (3) for 2020,  
3078 \$10 billion; (4) for 2021, \$10 billion; (5) for 2022,  
3079 \$10 billion; (6) for 2023, \$10 billion; (7) for 2024,  
3080 \$10 billion; (8) for 2025, \$10 billion; and (9) for 2026, \$10  
3081 billion.

3082 (b) Allocations. (1) Payment, (A) In general, for  
3083 amounts appropriated under section (a) for a year, the  
3084 Administrator shall, with respect to a State and not later  
3085 than the date specified under subparagraph (B) for such year,  
3086 allocate, subject to subsection (e) for such State, including  
3087 pursuant to section 2203(b), the amount determined for such  
3088 State and year under paragraph (2).

3089 (B) Specified date. For purposes of subparagraph (A),  
3090 the date specified in this clause is: (i) for 2018, the date  
3091 that is 45 days after the date of the enactment of this  
3092 title; and (ii) for 2019 and subsequent years, January 1 of  
3093 the respective year.

3094 (2) Allocation amount determinations. (A) For 2018 and  
3095 2019, (i) In general, for purposes of paragraph (1), the  
3096 amount determined under this paragraph for 2018 and 2019 for  
3097 a State is an amount equal to the sum of: (I) the relative

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3098 incurred claims amount described in clause (ii) for such  
3099 State and year; and (II) the relative uninsured and issuer  
3100 participation amount described in clause (iv) for such State  
3101 and year.

3102 (ii) Relative incurred claims amount. For purposes of  
3103 clause (i), the relative incurred claims amount described in  
3104 this clause for a State for 2018 and 2019 is the product of:  
3105 (I) 85 percent of the amount appropriated under subsection  
3106 (a) for the year; and (II) the relative State incurred claims  
3107 proportion described in clause (iii) for such State and year.

3108 (iii) Relative State incurred claims portion. The  
3109 relative State incurred claims proportion described in this  
3110 clause for a State and year is the amount equal to the ratio  
3111 of: (I) the adjusted incurred claims by the State, as  
3112 reported through the medical loss ratio annual reporting  
3113 under section 2718 of the Public Health Service Act for the  
3114 third previous year; to (II) the sum of such adjusted  
3115 incurred claims for all States, as so reported, for such  
3116 third previous year.

3117 (iv) Relative uninsured and issuer participation a  
3118 mount. For purposes of clause (i), the relative uninsured  
3119 and issuer participation amount described in the clause for a  
3120 State for 2018 and 2019 is the product of: (I) 15 percent of  
3121 the amount appropriated under subsection (a) for the year;

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3122 and (II) the relative State uninsured and issuer  
3123 participation proportion described in clause (v) for such  
3124 State and year.

3125 (v) Relative State uninsured and issuer participation  
3126 proportion. The relative State uninsured and issuer  
3127 participation proportion described in this clause for a State  
3128 and year is: (I) in the case of a State not described in  
3129 clause (vi) for such year, 0; and (II) in the case of a State  
3130 described in clause (vi) for such year, the amount equal to  
3131 the ratio of: (aa) the number of individuals residing in  
3132 such State who for the third preceding year were not enrolled  
3133 in a health plan or otherwise did not have health insurance  
3134 coverage, including through a Federal or State health  
3135 program, and whose income is below 100 percent of the poverty  
3136 line applicable to a family of the size involved; to (bb) the  
3137 sum of the number of such individuals for all States  
3138 described in clause (vi) for the third preceding year.

3139 (vi) States described. For purposes of clause (v), a  
3140 State is described in this clause, with respect to 2018 and  
3141 2019, if the State satisfies either of the following  
3142 criterion: (I) The number of individuals residing in such  
3143 State and described in clause (v) (II) (aa) was higher in 2015  
3144 than 2013; (II) The State has fewer than 3 health insurance  
3145 issuers offering qualified health plans through the Exchange

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3146 for 2017.

3147 (B) For 2020 through 2026. For purposes of  
3148 paragraph (1), the amount determined under this paragraph for  
3149 a year, beginning with 2020, during the period described in  
3150 section 2201 for a State is an amount determined in  
3151 accordance with an allocation methodology specified by the  
3152 Administrator which:

3153 (i) takes into consideration the adjusted incurred  
3154 claims of such State, the number of residents of such State  
3155 who for the previous year were not enrolled in a health plan  
3156 or otherwise did not have health insurance coverage,  
3157 including through a Federal or State health program, and  
3158 whose income is below 100 percent of the poverty line  
3159 applicable to a family of the size involved, and the number  
3160 of health insurance issuers participating in the insurance  
3161 market in such State for such year; (ii) is established after  
3162 consultation with healthcare consumers, health insurance  
3163 issuers, State insurance commissioners, and other  
3164 stakeholders, and after taking into consideration additional  
3165 cost and risk factors that may inhibit healthcare consumer  
3166 and health insurance issuer participation; and (iii) reflects  
3167 the goals of improving the health insurance risk pool,  
3168 promoting a more competitive health insurance market and  
3169 increasing choice for healthcare consumers.

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3170 (c) Annual distribution of previous year's remaining  
3171 funds. In carrying out subsection (b), the Administrator  
3172 shall, with respect to a year, beginning in 2020 and ending  
3173 with 2027, not later than March 31 of such year:  
3174 (1) determine the amount of funds, if any, from the amounts  
3175 appropriated under subsection (a) for the previous year but  
3176 not allocated for such previous year; and (2) if the  
3177 Administrator determines that any funds were not so allocated  
3178 for such previous year, allocate such remaining funds, in  
3179 accordance with the allocation methodology specified pursuant  
3180 to subsection (b) (2) (B).

3181 (A) to States that have submitted an application  
3182 approved under section 2203(a) for such previous year for any  
3183 purpose for which the application was approved; and (B) for  
3184 States for which allocations were made pursuant to section  
3185 2203(h) for such previous year, to be used by the  
3186 Administrator for such States, to carry out the purpose  
3187 described in section 2202(2) in such States by providing  
3188 payments to appropriate entities described in such section  
3189 with respect to the claims that exceed \$1 million.

3190 With respect to a year before 2027, any remaining funds  
3191 being made available for allocations to States for the  
3192 subsequent year. (d) Availability. The amounts appropriated  
3193 under subsection (a) for a year and allocated to States in

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3194 accordance with this section shall remain available for  
3195 expenditure through December 31, 2027. (e) Conditions for  
3196 and limitations on receipt of funds. The Secretary may not  
3197 make an allocation under this title for a State, with respect  
3198 to a purpose described in section 2202.

3199 (1) in the case of an allocation that would be made to a  
3200 State pursuant to section 2203(a), if the State does not  
3201 agree that the State will make available non-Federal  
3202 contributions towards such purpose in an amount equal to:  
3203 (A) for 2020, 7 percent of the amount allocated under this  
3204 subsection to such State for such year and purpose; (B) for  
3205 2021, 14 percent of the amount allocated under this  
3206 subsection to such State for such year and purpose; (C) for  
3207 2022, 21 percent of the amount allocated under this  
3208 subsection to such State for such year and purpose; (D) for  
3209 2023, 28 percent of the amount allocated under this  
3210 subsection to such State and for such purpose; (E) for 2024,  
3211 35 percent of the amount allocated under this subsection to  
3212 such State for such year and purpose; (F) for 2025, 42  
3213 percent of the amount allocated under this subsection to such  
3214 State for such year and purpose; and (G) for 2026, 50 percent  
3215 of the amount allocated under this subsection to such State  
3216 for such year and purpose.

3217 (2) In the case of an allocation that would be made for

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3218 a State pursuant to section 2203(b), if the State does not  
3219 agree that the State will make available non-Federal  
3220 contributions towards such purpose in an amount equal to:  
3221 (A) for 2020, 10 percent of the amount allocated under this  
3222 subsection to such State for such year and purpose; (B) for  
3223 2021, 20 percent of the amount allocated under this  
3224 subsection to such State for such year and purpose; and  
3225 (C) for 2022, 30 percent of the amount allocated under this  
3226 subsection to such State for such year and purpose; (D) for  
3227 2023, 40 percent of the amount allocated under this  
3228 subsection to such State for such year and purpose; (E) for  
3229 2024, 50 percent of the amount allocated under this  
3230 subsection to such State for such year and purpose; (F) for  
3231 2025, 50 percent of the amount allocated under this  
3232 subsection to such State for such year and purpose; and  
3233 (G) for 2026, 50 percent of the amount allocated under this  
3234 subsection to such State for such year and purpose; or (3) if  
3235 such an allocation for such purpose would not be permitted  
3236 under subsection (c) (7) of section 2105 if such an allocation  
3237 were payment made under such section.

3238 Section 133, Continuous Health Insurance Coverage  
3239 Incentive.

3240 Subpart I of part A of Title XXVII of the Public Health  
3241 Service Act is amended: (1) in section 2701(a) (1) (B), by

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3242 striking "such rate" and inserting "subject to section 2711,  
3243 such rate"; (2) by redesignating the second section 2709 as  
3244 section 2710; and (3) by adding at the end the following new  
3245 section.

3246 Section 2711, Encouraging Continuous Health Insurance  
3247 Coverage.

3248 (a) Penalty applied. (1) In general, notwithstanding  
3249 section 2701, subject to the succeeding provisions of this  
3250 section, a health insurance issuer offering health insurance  
3251 coverage in the individual or small group market shall, in  
3252 the case of an individual who is an applicable policyholder  
3253 of such coverage with respect to an enforcement period  
3254 applicable to enrollments for a plan year beginning with plan  
3255 year 2019, or, in the case of enrollments during a special  
3256 enrollment period, beginning with plan year 2018, increase  
3257 the monthly premium rate otherwise applicable to such  
3258 individual for such coverage during each month of such  
3259 period, by an amount determined under paragraph (2).

3260 (2), Amount of penalty. The amount determined under  
3261 this paragraph for an applicable policyholder enrolling in  
3262 health insurance coverage described in paragraph (1) for a  
3263 plan year, with respect to each month during the enforcement  
3264 period applicable to enrollments for such plan year, is the  
3265 amount that is equal to 30 percent of the monthly premium

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3266 rate otherwise applicable to such applicable policyholder for  
3267 such coverage during such month.

3268 (b) Definitions. For purposes of this section:

3269 (1) Applicable policyholder. The term "applicable  
3270 policyholder" means, with respect to months of an enforcement  
3271 period and health insurance coverage, an individual who: (A)  
3272 is a policyholder of such coverage for such months; (B)  
3273 cannot demonstrate, through presentation of certificates  
3274 described in section 2704(e) or in such other manner as may  
3275 be specified in regulations, such as a return or statement  
3276 made under section 6055(d) or 36C of the Internal Revenue  
3277 Code of 1986, during the look-back period that is with  
3278 respect to such enforcement period, there was not a period of  
3279 at least 63 continuous days during which the individual did  
3280 not have creditable coverage, as defined in paragraph (1) of  
3281 section 2704(c) and credited in accordance with paragraphs  
3282 (2) and (3) of such section; and (C) in the case of an  
3283 individual who had been enrolled under dependent coverage  
3284 under a group health plan or health insurance coverage by  
3285 reason of section 2714, and such dependent coverage of such  
3286 individual ceased because of the age of such individual, is  
3287 not enrolling during the first open enrollment period  
3288 following the date on which such coverage so ceased.

3289 (2) Look-back period. The term "look-back period"

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3290 means, with respect to an enforcement period applicable to an  
3291 enrollment of an individual for a plan year beginning with  
3292 plan year 2019, or, in the case of an enrollment of an  
3293 individual during a special enrollment period, beginning with  
3294 plan year 2018, in health insurance coverage described in  
3295 subsection (a) (1), the 12-month period ending on the date the  
3296 individual enrolls in such coverage for such plan year.

3297 (3) Enforcement period. The term "enforcement period"  
3298 means: (A) with respect to enrollments during a special  
3299 enrollment period for plan year 2018, the period beginning  
3300 with the first month that is during such plan year and that  
3301 begins subsequent to such date of enrollment, and ending with  
3302 the last month of such plan year; and (B) with respect to  
3303 enrollments for plan year 2019 or a subsequent plan year, the  
3304 12-month period beginning on the first day of the respective  
3305 plan year.

3306 Section 134, Increasing Coverage Options.

3307 Section 1302 of the Patient Protection and Affordable  
3308 Care Act, 42 U.S.C. 18022, as amended: (1) in subsection  
3309 (a) (3), by inserting "and with respect to a plan year before  
3310 plan year 2020" after "subsection (e)"; and (2) in subsection  
3311 (d), by adding at the end the following: "(5) Sunset. The  
3312 provisions of this subsection shall not apply after December  
3313 31, 2019, and after such date any reference to this

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3314 subsection or level of coverage or plan described in this  
3315 subsection, and any requirement under law applying such a  
3316 level of coverage or plan shall have no force or effect, and  
3317 such requirement shall be applied as if this section had been  
3318 repealed."

3319 Section 135, Change in Permissible Age Variation in  
3320 Health Insurance Premium Rates.

3321 Section 2701(a)(1)(A)(iii) of the Public Health Service  
3322 Act, as inserted by section 1201(4) of the Patient Protection  
3323 and Affordable Care Act, is amended by inserting after  
3324 "consistent with section 2707(c)" the following, "or, for  
3325 plan years beginning on or after January 1, 2018, as the  
3326 Secretary may implement through interim final regulation, 5  
3327 to 1 for adults, consistent with Section 2707(c), or other  
3328 such ratio for adults, consistent with section 2707(c) as the  
3329 State involved may provide."

3330 [Applause.]

3331 The Chairman. Congratulations to our staff, and those  
3332 who watched. We thought about having our resident auctioneer  
3333 take over, and he could probably get it done in half the  
3334 time, Billy Long.

3335 I know we have a motion. I know we are going to strike  
3336 the last word. What I would like to do now is just ask, are  
3337 there bipartisan amendments to Subtitle A of the amendment in

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3338 the nature of a substitute? So let me get that down.

3339 Now I am going to recognize the gentleman from Oregon,  
3340 who I think was next when we broke, because I believe he --

3341 Mr. Lujan. Can I just have a parliamentary inquiry?

3342 The Chairman. I --

3343 Mr. Lujan. Mr. Burgess said I couldn't ask it because  
3344 we were in the middle of the reading earlier.

3345 The Chairman. All right. Mr. Schrader, if you will  
3346 wait, I will defer to the gentleman from New Mexico for his -  
3347 -

3348 Mr. Lujan. Thank you, Mr. Chairman.

3349 The Chairman. Please state your parliamentary inquiry.

3350 Mr. Lujan. Mr. Chairman, now that we have read the  
3351 bill, when can the members of the committee ask questions  
3352 about the portion that was just read?

3353 The Chairman. So that is the next thing we will get  
3354 into is you will be -- we will get onto the bill now, but --  
3355 and then you can strike the last word. That is when you  
3356 would be able to ask. So that is -- does that answer your  
3357 question?

3358 Mr. Lujan. So there is a time for members --

3359 The Chairman. Of course. Oh, yes.

3360 Mr. Lujan. -- to ask questions about the bill that  
3361 just was read? Thank you, Mr. Chairman.

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3362 The Chairman. Yes. So now I would recognize the  
3363 gentleman from Oregon, Mr. Schrader. For what purpose do you  
3364 seek recognition?

3365 Mr. Schrader. Motion to postpone the markup until the  
3366 CBO score comes in.

3367 The Chairman. Is the motion at the desk?

3368 Mr. Schrader. Yes, it is.

3369 The Chairman. The clerk will report the motion.

3370 The Clerk. A motion to request that the consideration  
3371 of the legislation be postponed until the score of the  
3372 legislation by the Congressional Budget Office has been made  
3373 available for 30 days. Offered by Mr. Schrader.

3374 Mr. Murphy. Mr. Chairman?

3375 The Chairman. For what purpose does the gentleman from  
3376 Pennsylvania seek recognition?

3377 Mr. Murphy. Mr. Chairman, I ask that that motion be  
3378 tabled, please.

3379 The Chairman. The gentleman moves that the motion be  
3380 tabled. That is non-debatable.

3381 Mr. Schrader. Mr. Chairman, before -- since I was nice  
3382 and backed off and made sure we could read the bill, and all  
3383 that, I would like to at least make a couple of comments  
3384 about the motion, if that is all right with the gentleman  
3385 from Pennsylvania.

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3386 The Chairman. I don't think we can now because he moved  
3387 to table. Table is a non-debatable motion, as I know the  
3388 gentleman knows.

3389 Mr. Murphy. I think --

3390 The Chairman. You will have an opportunity to strike  
3391 the last word, where you can make your arguments.

3392 Mr. Murphy. I think it is important to have the CBO  
3393 report before we vote on this, Mr. Chairman. We have always  
3394 done that historically. It seems very odd that we wouldn't  
3395 have that, especially given the impact of this bill. It  
3396 could increase our debt deficit dramatically. Millions of  
3397 people are going to lose health insurance, and premiums are  
3398 going to go up.

3399 The Chairman. So with all due respect, the gentleman is  
3400 not recognized because we are on a motion to table. The  
3401 motion to table is non-debatable. I know you are going to  
3402 want a recorded vote. The clerk will call the roll.

3403 The Clerk. Mr. Barton.

3404 Mr. Barton. Aye.

3405 The Clerk. Mr. Barton votes aye.

3406 Mr. Upton.

3407 Mr. Upton. Aye.

3408 The Clerk. Mr. Upton votes aye.

3409 Mr. Shimkus.

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3410 [No response.]

3411 Mr. Murphy.

3412 Mr. Murphy. Aye.

3413 The Clerk. Mr. Murphy votes aye.

3414 Mr. Burgess.

3415 Mr. Burgess. Aye.

3416 The Clerk. Mr. Burgess votes aye.

3417 Mrs. Blackburn.

3418 Mrs. Blackburn. Aye.

3419 The Clerk. Mrs. Blackburn votes aye.

3420 Mr. Scalise.

3421 Mr. Scalise. Aye.

3422 The Clerk. Mr. Scalise votes aye.

3423 Mr. Latta.

3424 Mr. Latta. Aye.

3425 The Clerk. Mr. Latta votes aye.

3426 Mrs. McMorris Rodgers.

3427 Mrs. McMorris Rodgers. Aye.

3428 The Clerk. Mrs. McMorris Rodgers votes aye.

3429 Mr. Harper.

3430 Mr. Harper. Aye.

3431 The Clerk. Mr. Harper votes aye.

3432 Mr. Lance.

3433 Mr. Lance. Aye.

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3434 The Clerk. Mr. Lance votes aye.

3435 Mr. Guthrie.

3436 [No response.]

3437 Mr. Olson.

3438 Mr. Olson. Aye.

3439 The Clerk. Mr. Olson votes aye.

3440 Mr. McKinley.

3441 Mr. McKinley. Aye.

3442 The Clerk. Mr. McKinley votes aye.

3443 Mr. Kinzinger.

3444 Mr. Kinzinger. Aye.

3445 The Clerk. Mr. Kinzinger votes aye.

3446 Mr. Griffith.

3447 Mr. Griffith. Aye.

3448 The Clerk. Mr. Griffith votes aye.

3449 Mr. Bilirakis.

3450 Mr. Bilirakis. Aye.

3451 The Clerk. Mr. Bilirakis votes aye.

3452 Mr. Johnson.

3453 Mr. Johnson. Aye.

3454 The Clerk. Mr. Johnson votes aye.

3455 Mr. Long.

3456 Mr. Long. Aye.

3457 The Clerk. Mr. Long votes aye.

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3458 Mr. Bucshon.

3459 Mr. Bucshon. Aye.

3460 The Clerk. Mr. Bucshon votes aye.

3461 Mr. Flores.

3462 [No response.]

3463 Mrs. Brooks.

3464 [No response.]

3465 Mr. Mullin.

3466 Mr. Mullin. Aye.

3467 The Clerk. Mr. Mullin votes aye.

3468 Mr. Hudson.

3469 Mr. Hudson. Aye.

3470 The Clerk. Mr. Hudson votes aye.

3471 Mr. Collins.

3472 [No response.]

3473 Mr. Cramer.

3474 Mr. Cramer. Aye.

3475 The Clerk. Mr. Cramer votes aye.

3476 Mr. Walberg.

3477 Mr. Walberg. Aye.

3478 The Clerk. Mr. Walberg votes aye.

3479 Mrs. Walters.

3480 Mrs. Walters. Aye.

3481 The Clerk. Mrs. Walters votes aye.

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3482 Mr. Costello.

3483 Mr. Costello. Aye.

3484 The Clerk. Mr. Costello votes aye.

3485 Mr. Carter.

3486 [No response.]

3487 Mr. Pallone.

3488 Mr. Pallone. Votes no.

3489 The Clerk. Mr. Pallone votes no.

3490 Mr. Rush.

3491 [No response.]

3492 Ms. Eshoo.

3493 Ms. Eshoo. No.

3494 The Clerk. Ms. Eshoo votes no.

3495 Mr. Engel.

3496 [No response.]

3497 Mr. Green.

3498 Mr. Green. No.

3499 The Clerk. Mr. Green votes no.

3500 Ms. DeGette.

3501 Ms. DeGette. No.

3502 The Clerk. Ms. DeGette votes no.

3503 Mr. Doyle.

3504 [No response.]

3505 Ms. Schakowsky.

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3506 [No response.]

3507 Mr. Butterfield.

3508 Mr. Butterfield. No.

3509 The Clerk. Mr. Butterfield votes no.

3510 Ms. Matsui.

3511 [No response.]

3512 Ms. Castor.

3513 [No response.]

3514 Mr. Sarbanes.

3515 [No response.]

3516 Mr. McNerney.

3517 Mr. McNerney. No.

3518 The Clerk. Mr. McNerney votes no.

3519 Mr. Welch.

3520 Mr. Welch. No.

3521 The Clerk. Mr. Welch votes no.

3522 Mr. Lujan.

3523 Mr. Lujan. No.

3524 The Clerk. Mr. Lujan votes no.

3525 Mr. Tonko.

3526 Mr. Tonko. No.

3527 The Clerk. Mr. Tonko votes no.

3528 Ms. Clarke.

3529 Ms. Clarke. No.

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3530 The Clerk. Ms. Clarke votes no.  
3531 Mr. Loeb sack.  
3532 Mr. Loeb sack. No.  
3533 The Clerk. Mr. Loeb sack votes no.  
3534 Mr. Schrader.  
3535 Mr. Schrader. No.  
3536 The Clerk. Mr. Schrader votes no.  
3537 Mr. Kennedy.  
3538 Mr. Kennedy. No.  
3539 The Clerk. Mr. Kennedy votes no.  
3540 Mr. Cardenas.  
3541 Mr. Cardenas. No.  
3542 The Clerk. Mr. Cardenas votes no.  
3543 Mr. Ruiz.  
3544 Mr. Ruiz. No.  
3545 The Clerk. Mr. Ruiz votes no.  
3546 Mr. Peters.  
3547 Mr. Peters. No.  
3548 The Clerk. Mr. Peters votes no.  
3549 Mrs. Dingell.  
3550 [No response.]  
3551 Chairman Walden.  
3552 The Chairman. Walden votes yes.  
3553 The Clerk. Chairman Walden votes aye.

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3554 The Chairman. Okay. Members wishing to be recorded?

3555 The gentleman from Illinois.

3556 Mr. Shimkus. I wish to be recorded as yes.

3557 The Clerk. Mr. Shimkus votes aye.

3558 The Chairman. The gentleman from Kentucky.

3559 Mr. Guthrie. Aye.

3560 The Clerk. Mr. Guthrie votes aye.

3561 The Chairman. Gentleman from Texas.

3562 Mr. Flores. Aye.

3563 The Clerk. Mr. Flores votes aye.

3564 The Chairman. Gentlelady from Indiana.

3565 Mrs. Brooks. Aye.

3566 The Clerk. Mrs. Brooks votes aye.

3567 The Chairman. Gentleman from New York.

3568 Mr. Collins. Aye.

3569 The Clerk. Mr. Collins votes aye.

3570 The Chairman. The gentleman from Georgia.

3571 Mr. Carter. Aye.

3572 The Clerk. Mr. Carter votes aye.

3573 The Chairman. Okay. Let us go -- yes, the gentleman  
3574 from New York.

3575 Mr. Engel. Votes no.

3576 The Clerk. Mr. Engel votes no.

3577 The Chairman. Gentlelady from Illinois.

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3578 Ms. Schakowsky. No.

3579 The Clerk. Ms. Schakowsky votes no.

3580 The Chairman. Gentlelady from California.

3581 Ms. Matsui. No.

3582 The Clerk. Ms. Matsui votes no.

3583 The Chairman. Gentlelady from Florida.

3584 Ms. Castor. No.

3585 The Clerk. Ms. Castor votes no.

3586 The Chairman. All right. Are there other members who  
3587 have not cast their vote that want to cast their vote?

3588 Seeing none, the clerk will report the tally.

3589 The Clerk. Mr. Chairman, on that vote, there were 31  
3590 ayes and 20 noes.

3591 The Chairman. Motion to table is approved.

3592 Mr. Pallone. Mr. Chairman?

3593 The Chairman. For what purpose does the gentleman from  
3594 New Jersey seek recognition?

3595 Mr. Pallone. Move to strike the last word on the  
3596 substitute.

3597 The Chairman. The gentleman is recognized for 5 minutes  
3598 to strike the last word.

3599 Mr. Pallone. Thank you, Mr. Chairman. A wise man named  
3600 Sam Rayburn, the longest-serving Speaker of the House and a  
3601 former chairman of this committee, once said, and I quote,

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3602 "That any jackass can kick down a barn, but it takes a good  
3603 carpenter to build one."

3604 For 7 years, Republicans vilified the Affordable Care  
3605 Act. For 7 years, they stopped at nothing to undermine its  
3606 success. They misled the public. They have purposely  
3607 sabotaged insurance markets through lawsuits, starving the  
3608 stabilization programs of their funding and administrative  
3609 obstruction. And the list goes on.

3610 And they kept promising they had a better way. Year  
3611 after year, speech after speech, they claimed they were  
3612 working on a bill that could replace the law. First, it was  
3613 Speaker Boehner. Then Speaker Ryan took the helm. And here  
3614 we are, the illustrious so-called "better way" was finally  
3615 released 2 days ago.

3616 But, Mr. Chairman, I don't understand what the rush is  
3617 to hold this markup today. Again, statements were made that  
3618 this was going to be through regular order. That is not  
3619 true. There has not been a hearing in the Health  
3620 Subcommittee. There has not been a markup in the Health  
3621 Subcommittee. We are having a full committee markup to  
3622 consider a bill that repeals the Affordable Care Act,  
3623 considering that the bill was made public less than 48 hours,  
3624 and the substitute, my understanding, was released yesterday.

3625 So why are Republicans scheduling a markup when they

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3626 have not held one hearing on this bill? When our committee  
3627 considered the Affordable Care Act during the 111th Congress,  
3628 Democrats posted the bill for all to see for 30 days before  
3629 markup. We also held 79 committee hearings and markups over  
3630 a 2-year period in the committees of jurisdiction. This  
3631 allowed us to hear from people who liked the bill as well as  
3632 those who didn't, so that we could know what its impact would  
3633 be.

3634 Now, at that time, I was Chairman of the Subcommittee on  
3635 Health, and the week after we publicly posted the bill my  
3636 subcommittee conducted 3 straight days of hearings on the  
3637 bill. This is the proper way to proceed on a bill that is  
3638 going to significantly impact every American and their health  
3639 security.

3640 As members of Congress, we should have time to read and  
3641 understand what this bill will do and won't do, what it will  
3642 cost, who and how many people will be covered under the bill,  
3643 and that is what hearings on this Republican repeal bill  
3644 would have provided.

3645 But instead of hearings, the Republican majority wants  
3646 to move right to a markup in the full committee. I think  
3647 that is extremely unfortunate, to say the least. Scheduling  
3648 this markup today, in my opinion, makes a mockery of an open  
3649 and transparent process, not to mention the fact that, you

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3650 know, so far, until now, members were only given 1 minute to  
3651 talk about them.

3652 So, Mr. Chairman, last week on March 2, all 24 committee  
3653 Democrats sent you a letter, a copy of which I have here and  
3654 would ask to be entered into the record without objection --

3655 The Chairman. Without objection.

3656 [The information follows:]

3657

3658 \*\*\*\*\*COMMITTEE INSERT 4\*\*\*\*\*

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3659 Mr. Pallone. That letter recounted public statements  
3660 made by Speaker Ryan promising, and I quote, "A committee  
3661 process with public engagement and transparency." And I am  
3662 sorry to say these are not the characteristics I would use to  
3663 describe the manner in which the majority is proceeding on  
3664 this bill.

3665 This legislation is going to have real and concrete  
3666 effects on all Americans. It could be devastating for tens  
3667 of millions of Americans who could lose their health care.  
3668 The inconveniences that would result from delaying this  
3669 markup, and actually going through the regular committee  
3670 process, pale in comparison to the damage that hasty action  
3671 invites.

3672 And so, Mr. Chairman, again, I don't understand the  
3673 rush. My fear is that the Republicans don't want an open and  
3674 transparent process, because they don't want feedback from  
3675 their constituents and the American people before marking it  
3676 up.

3677 And the main reason that I say that people will lose  
3678 their health insurance under this legislation is as follows.  
3679 When we did the Affordable Care Act, we knew that a lot of  
3680 people whose incomes were above the Medicaid level would not  
3681 be able to afford to pay for a premium. We knew that people  
3682 at a little higher income level, maybe up to 75-, 80,000 for

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3683 a family for 4, would only be able to afford it if they got a  
3684 significant subsidy.

3685 What is happening here today with this bill is that that  
3686 significant subsidy is going to disappear. For those people  
3687 at a little higher income, and those people under the  
3688 expanded Medicaid, will be dropped because the Federal  
3689 Government is not going to give the states sufficient money  
3690 to continue the expansion or even the traditional Medicaid  
3691 because of the cap.

3692 And so the bottom line is, the majority of people who  
3693 got their coverage under the Affordable Care Act, who didn't  
3694 have it before, are going to lose their coverage. And  
3695 because of the cutbacks in Medicaid, states will begin not  
3696 only throwing people off but also rationing care and losing  
3697 benefits because you have repealed the essential benefit  
3698 package. And that is the devastation that comes from this  
3699 bill in a nutshell.

3700 I yield back.

3701 The Chairman. The gentleman yields back. Members  
3702 seeking recognition? I recognize the gentleman from  
3703 Pennsylvania, Dr. Murphy.

3704 Mr. Murphy. Thank you, Mr. Chairman. As Chairman of  
3705 Oversight and Investigations, I want to put a few things on  
3706 the record of hearings we have had on this issue. First of

3707 all, make sure we have on the record that when the previous  
3708 bill, the Affordable Care Act, was presented before us, it  
3709 changed considerably. And the bills that we did actually  
3710 have, our House floor bypassed much of this process.

3711 But on Monday, March 6, 2017, we released a compendium  
3712 of all of our oversight conducted by our committee since the  
3713 law passed. It has been over the last 6 years, we compiled  
3714 in its entirety for the first time. It exposed a lot of  
3715 serious deficiencies in Obamacare or the Affordable Care Act  
3716 that have actually harmed the American people and wasted  
3717 taxpayer dollars, and it has paved the way to this  
3718 legislation today.

3719 We have had over 31 oversight hearings on the Affordable  
3720 Care Act. The Subcommittee on Oversight and Investigations  
3721 convened 18 hearings. The Subcommittee on Health convened 9  
3722 hearings, in addition to legislative hearings. The '09  
3723 Health Subcommittees convened 1 joint hearing. The full  
3724 committee convened 3 hearings.

3725 There was 107 witnesses that testified before the  
3726 committee, and 38 witnesses were administration officials.  
3727 The committee released 5 investigative reports in the 114th  
3728 Congress, including 59 findings and 9 recommendations.

3729 The committee's most notable oversight topics included,

3730 1, the administration's decision to fund the cost-sharing  
3731 reduction programs in the basic health program without a  
3732 lawful appropriation; 2, the failed launch of healthcare.gov  
3733 and mismanagement of the information technology systems by  
3734 HHS and its component agencies; 3, the failure of 4 out of 17  
3735 state-based exchanges and the misuse of federal grant money  
3736 in the creation and operations of the state-based exchanges;  
3737 and, 4, the closure of 22 out of 28 COOPs -- that is, the  
3738 consumer-operated and oriented plan -- created by the  
3739 Affordable Care Act and the associated loss of 2 billion in  
3740 taxpayer dollars.

3741 The committee's Democratic members have long criticized  
3742 the committee for the number of oversight hearings and  
3743 investigations conducted by the committee and asks that we  
3744 not hold more. But these investigations serve the essential  
3745 function of creating a public record that clearly documents  
3746 the serious problems and inefficiencies that exist in  
3747 Obamacare and its implementation.

3748 And, I might add, many times I heard our friends on the  
3749 other side saying they recognized there were problems with  
3750 the Affordable Care Act and asked to work with us to overcome  
3751 some of these problems.

3752 Most recently, the Democratic members have criticized

3753 Republicans for a "lack of transparency" in plans to repeal  
3754 and replace the Affordable Care Act. But the foundation for  
3755 the committee's repeal and replace plans can be found in the  
3756 thousands of pages of transcripts, and hundreds of hours of  
3757 testimony of the methodical and systematic oversight  
3758 conducted by our committee.

3759 And does the Health Chairman have any other comments on  
3760 that? I will yield to Dr. Burgess, Chairman of the Health  
3761 Subcommittee.

3762 Mr. Burgess. Thank you. I thank the gentleman for  
3763 yielding. Mr. Chairman, just a couple of points on the fact  
3764 that the Affordable Care Act has seen serious, serious  
3765 problems. A third of all U.S. counties have only 1 insurer.  
3766 By definition, that is the opposite of choice. In 2017, 7  
3767 states saw premiums increase more than 50 percent. That is  
3768 the opposite of affordable.

3769 From a Congressional Budget Office perspective, the  
3770 Congressional Budget Office score -- Mr. Chairman, if I  
3771 recall correctly, serving on the Health Subcommittee in 2009,  
3772 we did not have a markup of H.R. 3200 in the Health  
3773 Subcommittee. It was, in fact, a full committee markup.  
3774 And, in fact, when the reconciliation bill came forward in  
3775 2010, which allowed for the passage of the Affordable Care

3776 Act, I think that went directly to the Budget Committee and  
3777 the floor.

3778 I don't recall having a markup of the reconciliation  
3779 that allowed Obamacare -- the Affordable Care Act to proceed.  
3780 I don't recall having it here in this committee. I don't  
3781 recall having a Congressional Budget Office score prior to  
3782 that full committee markup in July of 2009. But the  
3783 Congressional --

3784 Mr. Schrader. Point of order.

3785 Mr. Burgess. -- Budget Office --

3786 Mr. Schrader. Point of order, Mr. Chairman.

3787 Mr. Burgess. -- Congressional Budget Office, on their  
3788 own --

3789 Mr. Schrader. Point of order.

3790 Mr. Burgess. -- projections, said 21 million people  
3791 would be covered under the Affordable Care Act. Today -- I  
3792 am sorry, for calendar year 2016, that number in fact was 10  
3793 million. So the Congressional Budget Office score, while  
3794 useful in helping guide Congress, it is hardly --

3795 Mr. Burgess. Will the gentleman yield?

3796 Mr. Schrader. -- the final word on the issue. And  
3797 then, finally, I would just -- again, I need to reiterate  
3798 that H.R. 3200, which was the House version of what became

3799 the Affordable Care Act, was marked up in the full committee.  
3800 It did not come to our Health Subcommittee, and the  
3801 reconciliation process did not come through our subcommittee  
3802 or full committee. It went directly to the Budget Committee  
3803 and to the floor. In fact, there was talk about it being  
3804 deemed passed. Fortunately, that did not happen.

3805 The Chairman. The gentleman's --

3806 Mr. Schrader. But we did not come back to the  
3807 committee.

3808 The Chairman. -- time has expired.

3809 Mr. Schrader. I yield back.

3810 The Chairman. The gentleman's time has expired. Are  
3811 there other members seeking recognition?

3812 Mr. Schrader. Point of order, Mr. Chairman? Just real  
3813 quick, just to correct the record. There was --

3814 The Chairman. Please state your point of order.

3815 Mr. Schrader. Point of order is that there was,  
3816 actually, a misstatement in that CBO did give us a score  
3817 before it came out of the committee when the Affordable Care  
3818 Act was passed back in 2009.

3819 The Chairman. Appreciate that. Yes. Other members  
3820 seeking recognition? The gentlelady from California, Ms.  
3821 Eshoo, for what purpose are you seeking recognition?

3822 Ms. Eshoo. I would like to strike the last word.

3823 The Chairman. The gentlelady is recognized for 5

3824 minutes to strike the last word.

3825 Ms. Eshoo. Thank you, Mr. Chairman. I am -- I think  
3826 that there is a huge deficiency here today around a very  
3827 important topic, and that is that we don't have a CBO score.  
3828 This is not something small or insignificant or some picky  
3829 point just to be made. Health care is part -- a very  
3830 important sector of our national economy.

3831 We need to know what this is going to cost. We need to  
3832 know what kind of health insurance is going to be possible,  
3833 let alone is it really going to be feasible? How much is the  
3834 bill going to cost? Who is going to pay for it? Is it going  
3835 to act as a deficit? Is it going to bring the deficit down?  
3836 These are major, major issues.

3837 And why it is left out, I mean, it is up to the majority  
3838 to explain that. You either don't care about it or you are  
3839 worried what it is going to bring out. I don't know, but --  
3840 or I have a sense of it. But I want to reiterate for the  
3841 record how essential it is to have the CBO score.

3842 You have been harping on this for almost 7 years. You  
3843 can't wait a couple of weeks for the CBO to score your ideas?  
3844 I mean, there are lots of promises in this, but I think that

3845 we are missing major facts. I mean, less than 48 hours ago,  
3846 this plan was unveiled to dismantle what is our healthcare  
3847 system in our country.

3848 This isn't any small issue. And the words in these  
3849 proposals, if they are to become law, walk right into  
3850 people's lives. And I want to reiterate, I don't know what  
3851 members here dropped their health insurance plan. Any of the  
3852 Republicans disengage from the plan that we are enrolled in?  
3853 What has happened to your family? Mine has worked very well.  
3854 I have no complaints about it. I have no complaints about  
3855 it.

3856 So I will say once again, if it is good enough for  
3857 members of Congress, it should be good enough for our  
3858 constituents. Instead of providing members with the time to  
3859 consider the details of the plan, and, as I said, to get a  
3860 score, there is an all-out rush here. And I guess it is the  
3861 -- it is more about the advertising than it is about  
3862 substance.

3863 I believe that, from what I have read in this plan, that  
3864 people are going to lose health care, and I think those that  
3865 get to have it are going to pay more. What happens to  
3866 seniors in this? With the age rating, there is a multiplier  
3867 to it. The older you get, the more you are going to pay.

3868 That is why AARP has weighed in, and they have weighed in in  
3869 a very heavy way. This is serious.

3870 For those you that still have parents and are young,  
3871 guess what? You are going to have to help them.  
3872 Millennials, step up. Step up, because you are a stakeholder  
3873 in this.

3874 What is going to happen to long-term care when you  
3875 squeeze the hell out of Medicaid? What happens to people  
3876 that have dementia and their children that need to help them?  
3877 What is going to happen to that money? You are squeezing of  
3878 Medicaid. Your per capita cap has a direct effect on long-  
3879 term care for seniors, because Medicaid, almost 60 percent of  
3880 it, goes to long-term care.

3881 So, you know, there is up, down, sideways, and the  
3882 gentlewoman and the gentleman, and the this and the that, and  
3883 we are going to rush, and it was in room I don't know  
3884 whatnot, and we are going to give Americans everything. The  
3885 President wants more for people, not less.

3886 You know what? We are playing with people's lives here.  
3887 Playing with people's lives. And unless these questions can  
3888 be answered straight up, watch out, America, because it is  
3889 misleading advertising. In plain English, it is misleading  
3890 advertising.

3891 So I --

3892 The Chairman. The gentlelady's time --

3893 Ms. Eshoo. Mr. Chairman, I regret that you have  
3894 scheduled --

3895 The Chairman. -- has expired.

3896 Ms. Eshoo. -- this to rush it. No CBO score of this.

3897 The Chairman. The gentlelady's time has expired.

3898 Ms. Eshoo. And the hurt that is awaiting the American  
3899 people is of huge concern and should be everyone's.

3900 The Chairman. The chair recognizes the gentleman from  
3901 Texas, the Chairman of the Subcommittee on Health, Dr.  
3902 Burgess.

3903 Mr. Burgess. Thank you, Mr. Chairman.

3904 The Chairman. Five minutes.

3905 Mr. Burgess. And, first off, on the issue of our  
3906 individual health insurance, because it was a requirement  
3907 that you purchase insurance in the D.C. exchange, I did not  
3908 do that. I purchased an unsubsidized bronze plan in the  
3909 federal fallback exchange in the State of Texas, and I will  
3910 tell you it is the most God-awful insurance I have ever had.  
3911 It was expensive. The premiums were beyond belief. They  
3912 were paid with after-tax dollars.

3913 The deductible was just at \$6,000, almost made the

3914 insurance unusable, but I thought it was important that I  
3915 went through what everyone else in the individual market in  
3916 my district was encountering. And it was that experience  
3917 that led me to believe that there has to be a better way.

3918 Now, on the issue of the CBO score, looking at the  
3919 committee report from H.R. 3200, Clause 3(d) of Rule 13 of  
3920 the Rules of the House of Representatives requires an  
3921 estimate and comparison of the costs that would be incurred  
3922 in carrying H.R. 3200. The committee anticipates that a CBO  
3923 cost estimate letter will address these issues when the bill  
3924 proceeds to consideration on the House floor.

3925 Thank you, Mr. Chairman. I yield back.

3926 The Chairman. The gentleman yields back the balance of  
3927 his time. The chair recognizes the gentleman from New York,  
3928 Mr. Engel, for 5 minutes.

3929 Mr. Engel. Thank you, Mr. Chairman. I move to strike  
3930 the last word. To me, the bottom line in this is the  
3931 American people will be paying more and getting less. Now,  
3932 nobody is saying that the Affordable Care Act was perfect.  
3933 In fact, there were a lot of things, and some of the things  
3934 that my friends on the other side of the aisle point out that  
3935 were problems with the Affordable Care Act, needed to be  
3936 fixed. We could have fixed them. We could have put our

3937 heads together, and we could have tried our best to fix them.

3938 What this does -- people don't care that much about the  
3939 nuances of this. The bottom line for them is, how much am I  
3940 going to have to pay, and what kind of care am I going to  
3941 get? And I will bet that on both those occasions this bill  
3942 comes up short. The majority of people who are going to be  
3943 affected by this bill, which is the majority of the American  
3944 people, will wind up paying more and getting less.

3945 And if you are a senior citizen, forget it. If you are  
3946 in a group that is almost a senior citizen, the 55 to 65  
3947 group, you get socked. And if you are people making very  
3948 little money, \$25-, \$30,000 a year, you are going to get  
3949 socked, and that is the bottom line.

3950 You know, we come here and we debate on both sides of  
3951 the aisle, and we say things, and whatever. The bottom line  
3952 is, people want to know, what kind of health care am I  
3953 getting? And how much will I have to pay for it? And I will  
3954 bet my bottom dollar that the vast majority of American  
3955 people, based on what I have read in the bill and what we  
3956 discussed on the bill, is that people will be paying more and  
3957 getting less.

3958 So if Obamacare was flawed, this drives the flaw even  
3959 bigger and better. And the way we could have perhaps done it

3960 is putting our heads together -- and I said this before --  
3961 Medicare, Medicaid, any kind of big bill that you have always  
3962 has to be adjusted when you see what works and what doesn't  
3963 work. That is what we should have been doing here, as far as  
3964 I am concerned.

3965 My friends on the other side of the aisle's decision to  
3966 charge ahead on this bill, less than 2 days after its  
3967 introduction, is an affront to their constituents who are  
3968 wondering how the bill would affect them. But it is also an  
3969 indication that they are quite content to break one of the  
3970 White House's central promises, and the promise is I quote,  
3971 "Come up with a new plan that is going to be better health  
3972 care for more people at a lesser cost."

3973 This does the opposite. The mere fact that this markup  
3974 is taking place shows that our Republican colleagues either  
3975 aren't concerned with providing health care for more people  
3976 at a lesser cost, or they know they can't do it with this  
3977 bill. And why? Because the non-partisan Congressional Budget  
3978 Office has yet to determine how much this bill would cost or  
3979 how many Americans it would cover.

3980 Without that analysis, there is absolutely no reason to  
3981 believe that this bill would achieve those goals, because if  
3982 it did, the Republicans would have held this markup with a

3983 readout from CBO in their hand, ready and willing to show  
3984 Americans how the repeal bill works for them, and they are  
3985 not doing that. So, obviously, they have something to hide.

3986 I have heard suggestions that CBO's process is too  
3987 lengthy, and we can't wait. You know, Republicans have been  
3988 promising a better way for 7 years, and I have never heard of  
3989 a CBO analysis taking that long.

3990 If my colleagues on the other side of the aisle wish to  
3991 move forward without knowing what this bill costs, or how  
3992 many Americans it would cover, or who it would affect  
3993 negatively, that is their prerogative. But it is time to be  
3994 up front about it. You aren't waiting for a CBO score,  
3995 either because you are not concerned with giving better  
3996 health care to more people, which I doubt, at a lesser cost,  
3997 or because you know that this bill can't do it, which I think  
3998 we are all going to find out pretty soon that that is going  
3999 to be the case.

4000 I yield back the balance of my time.

4001 The Chairman. Are there other members seeking  
4002 recognition? The gentleman from Indiana, Dr. Bucshon, seeks  
4003 recognition. Five minutes.

4004 Mr. Bucshon. Thank you, Mr. Chairman. I just want to  
4005 say that, you know, Republicans are committed to transparency

4006 and regular order, and this is simply the first step in the  
4007 process. As with the development of any piece of  
4008 legislation, Energy and Commerce Committee members and staff  
4009 drafted and refined legislative language reflecting the  
4010 concerns of our constituents, and the mandate from voters to  
4011 repeal and replace Obamacare.

4012 Working collaboratively with other committees, our  
4013 counterparts in the Senate and the White House, we just  
4014 introduced a bill that is now public and available for every  
4015 American to go and read. Unlike Obamacare's 2,000-plus  
4016 pages, our bill is under 100. And unlike Obamacare, members  
4017 have a chance to read and understand what they are voting on.

4018 It is typical that the CBO does not score a bill prior  
4019 to committee markup. We expect CBO to produce a score prior  
4020 to any final legislation's consideration on the House floor,  
4021 as is common procedure. In fact, we would respectfully  
4022 remind my friends on the other side of the aisle that major  
4023 portions of the ACA were marked up in the committee without a  
4024 score, and the remaining parts that were in the 2010  
4025 reconciliation instructions were never marked up in this  
4026 committee.

4027 Finally, the FY2017 budget passed by the House and the  
4028 Senate require that reconciliation instructions, like this

4029 legislation, reduce the deficit by \$2 billion; thus, the  
4030 policies in this bill will only advance to the extent that  
4031 they have an effect on cutting the budget. The CBO score is  
4032 a red herring.

4033 And it is important to note that, in the CBO score from  
4034 the Affordable Care Act, it says here from the CBO, "It is  
4035 important to note that the figures presented here do not  
4036 represent a complete cost estimate for the coverage  
4037 provisions of the legislation. They reflect specifications  
4038 provided by the committee staff, rather than detailed  
4039 analysis of legislative language. They do not include  
4040 certain costs that the government would incur to administer  
4041 the proposed changes and the impact of the bill's provisions  
4042 on other federal programs." Nevertheless, the estimates  
4043 reflect major budgetary effects of H.R. 3200.

4044 And, you know, it is -- the Clause 3(d), Rule 13 of the  
4045 Rules of the House of Representatives requires that an  
4046 estimate and comparison of the costs that would be incurred  
4047 in carrying out H.R. 3200, the committee anticipates that a  
4048 CBO cost estimate letter will address these issues when the  
4049 bill proceeds to the House floor as Chairman Burgess just  
4050 reported out. And this is from a committee report from, at  
4051 the time, majority Democrats.

4052           So I think, Mr. Chairman, in my remaining time, I would  
4053 just like to comment on, also, some supporters of our  
4054 legislation -- and let me just read this. This is -- and I  
4055 quote, "The President's per capita cap proposal responds to  
4056 the pleas of those who want more cost discipline in Medicaid  
4057 without terminating -- without terminating -- the guarantee  
4058 of basic health and long-term care to 36 million Americans.  
4059 Under the President's approach, states would have both  
4060 incentives and tools to manage Medicaid more efficiently, and  
4061 the Federal Government would maintain its commitment to  
4062 sharing in the costs of providing care." This is from former  
4063 Congressman Henry Waxman.

4064           I would also like to point out that President Clinton  
4065 said a per capita cap would limit the amount of federal  
4066 spending per eligible person while retaining -- I repeat,  
4067 retaining -- current eligibility and benefit guidelines.

4068           So, Mr. Chairman, with that, I yield.

4069           Ms. DeGette. Will the gentleman yield?

4070           Mr. Bucshon. The gentleman will yield.

4071           Ms. DeGette. I just want to set the record straight.

4072 It is true that the rules didn't require the CBO score until  
4073 later in the process. But before this committee marked up  
4074 the Affordable Care Act -- I think it was H.R. 3200 -- we had

4075 a CBO score in hand. We had it in hand.

4076 Thank you for yielding.

4077 The Chairman. Would the gentleman yield?

4078 Mr. Bucshon. I will yield.

4079 The Chairman. So let me quote from the committee report  
4080 from that time, and I quote, to the Budget Committee, "Clause  
4081 3(d) of Rule 13 of the Rules of the House of Representatives  
4082 requires an estimate and comparison of the costs that could  
4083 be incurred in carrying out H.R. 3200. The committee  
4084 anticipates that the CBO cost estimate letter will address  
4085 these issues when the bill proceeds to consideration on the  
4086 House floor."

4087 That is a quote --

4088 Ms. DeGette. But we had it.

4089 The Chairman. Well, you didn't --

4090 Ms. DeGette. We had it before --

4091 The Chairman. Apparently, you didn't share it because  
4092 this is your report in the committee. So if you had it, it  
4093 was locked up in a secret room --

4094 Ms. DeGette. I will get you the information.

4095 The Chairman. -- somewhere and never shared, because  
4096 this is actually -- I know Speaker Pelosi told the National  
4097 Association of Counties at the time you had to pass the bill,

4098 so people could find out what is in it. And, apparently, CBO  
4099 score going to reconciliation was the same way.

4100 I yield back to the gentleman from Indiana.

4101 Mr. Bucshon. I yield back.

4102 The Chairman. The gentleman yields back. The chair  
4103 recognizes the gentleman from Texas, Mr. Green.

4104 Mr. Green. Thank you, Mr. Chairman. I move to strike  
4105 the last word. By the way, Speaker Pelosi was not part of  
4106 the Energy and Commerce Committee. So maybe if she was,  
4107 because we had -- I read the bill, and it had 30 amendments  
4108 to it in 2009.

4109 So, but the concern I have, after 7 years of  
4110 demoralizing and politicizing and undermining the Affordable  
4111 Care Act, we are here to mark up a sorry attempt to live up  
4112 to false promises and advance a bill that is crafted in  
4113 secrecy. While the specifics of the damaging efforts are not  
4114 even fully known, make no mistake, it will lead to millions  
4115 losing coverage, people paying more for less, and rationing  
4116 of care.

4117 This plan makes every single meaningful metric worse for  
4118 millions of Americans. It will lead to more people without  
4119 insurance. It will lead to premiums going up, to co-pays  
4120 going up, and deductibles going up. It will lead to

4121 destabilizing markets and rationing of care.

4122 Under this plan, many Americans will be pushed into bad  
4123 coverage that they can't afford to use, and millions more  
4124 will become uninsured altogether. It is simple. The bill  
4125 cuts taxes for the rich, raises premiums on older Americans,  
4126 cuts financial assistance for low and middle income working  
4127 families, leads to the rationing of care for more than 70  
4128 million Americans, including seniors in nursing homes,  
4129 pregnant women, children, and people living with  
4130 disabilities.

4131 The bill recycles failed ideas and has a lot worse  
4132 problems. It in no way lives up to the rhetoric of President  
4133 Trump and said that the prescription for getting more people  
4134 less while having coverage in all -- for all coverage are  
4135 paying more. More will become clear as experts and  
4136 stakeholders study its effects, and the independent, non-  
4137 partisan Congressional Budget Office releases its estimates,  
4138 but the true -- basic truth is undeniable.

4139 Unlike this plan, the ACA had a clear policy goal. We  
4140 wanted more people to have insurance, more insurance, more  
4141 affordable, robust, stop abusive practices of the insurance  
4142 industry, and reduce long-term costs. Instead of working  
4143 with us to build upon the ACA, to the reality we have this

4144 bill. Repeal and replace is a slogan, not a policy, and  
4145 health care is a right for all, not a privilege for a few.

4146 The repeal bill will not protect patients and will not  
4147 save money and will not help working families. Instead, it  
4148 is a drastic and devastating step backward, and the only  
4149 people who stand to benefit from it are the healthy and the  
4150 wealthy.

4151 Health care is highly sensitive and deeply personal.  
4152 And as President Trump apparently just realized, incredibly  
4153 complicated. That is why we spent days and days on markup  
4154 for the Affordable Care Act. The stakes could not be higher  
4155 for the American people.

4156 But let me implore my colleagues to listen, not just  
4157 from us members of Congress but to critics from patients to  
4158 economists to stakeholders, like the American Medical  
4159 Association, the American Hospital Association, and stop  
4160 ramming this ill-conceived bill through.

4161 Let me read something, and I would like to ask unanimous  
4162 consent to place into the record, Mr. Chairman, the American  
4163 Hospital Association letter in opposing this bill.

4164 The Chairman. Without objection.

4165 [The information follows:]

4166

4167

4168

\*\*\*\*\*COMMITTEE INSERT 5\*\*\*\*\*

4169 Mr. Green. Let me just read some of it in my last few  
4170 minutes. "On behalf of the 5,000 member hospitals, health  
4171 systems, and health coverage organizations, including 270,000  
4172 affiliated physicians, 2 million nurses, and other  
4173 caregivers, the 43,000 healthcare leaders who belong to our  
4174 professional groups, the American Hospital Association  
4175 expressing our views on the American Healthcare Act  
4176 legislation to repeal and replace the Affordable Care Act."

4177 We believe that legislation needs to be reviewed and  
4178 carefully evaluated regarding the impact on both individuals  
4179 and the ability of hospitals and health system, which are the  
4180 backbone of our nation's healthcare safety net in terms of  
4181 our ability to care for all those people. Any ability to  
4182 evaluate the American Healthcare Act, however, is severely  
4183 hampered by the lack of coverage estimates by the  
4184 Congressional Budget Office.

4185 In addition to the lack of CBO score, we have some  
4186 additional policy concerns. For example, it appears that the  
4187 effort to restructure Medicaid program would have the effect  
4188 of making significant reductions in the program that provide  
4189 services to our most vulnerable populations and pays  
4190 providers significantly less than it is providing now.

4191 Let me just close by saying health care is vitally

4192 important to working American families, and they rely on  
4193 hospital systems. We recognize the measure represents a  
4194 first step, but it is critical this process is thoughtful and  
4195 focused.

4196 We ask Congress to protect our patients and find ways to  
4197 maintain coverage for all Americans possible, which this bill  
4198 does not. We look forward to continuing your work. We  
4199 cannot support the American Healthcare Act in its current  
4200 form. That is why we need some amendments.

4201 And I yield back my time.

4202 The Chairman. The gentleman yields back the balance of  
4203 his time. The chair recognizes the gentleman from Louisiana,  
4204 the Whip of the House, Mr. Scalise, for 5 minutes.

4205 Mr. Scalise. Thank you, Mr. Chairman. And I guess we  
4206 really need a little dose of reality as we are having this  
4207 conversation. As my friends on the other side I think want  
4208 to spend all day and all night and next morning trying to  
4209 defend this failed law, I think we need to go and put that  
4210 reality in place on what this law is really doing to  
4211 families.

4212 CBO, by the way, this is the same CBO that, when  
4213 Obamacare did come to the floor, they made all those great  
4214 promises about how it was going to lower premiums. We all

4215 remember those claims, even the President said, "You are  
4216 going to pay \$2,500 less." And Americans who have gotten  
4217 double-digit increases every single year wonder when that  
4218 promise is going to be fulfilled. And, of course, it can't  
4219 be because of all of the unworkable mandates and taxes in  
4220 this law that we are going to repeal.

4221 CBO and the President talked about how it was going to  
4222 reduce the deficit. You remember that promise that was  
4223 broken. I haven't heard anybody apologize, by the way, for  
4224 misleading the American people when they made that false  
4225 claim, but that is, in fact, what happened.

4226 And so over the course of the last few years, and  
4227 especially in the context of the Presidential election that  
4228 just occurred a few months ago, there was a debate in the  
4229 public, and it was very clear. We, as House Republicans and  
4230 Senate Republicans, have been running for years saying, if we  
4231 get the opportunity, we are going to repeal Obamacare. We  
4232 made that very clear, and we held the majorities in the House  
4233 and Senate with that promise.

4234 And then, in the Presidential election, Donald Trump, as  
4235 a candidate for President, was very clear he wants to repeal  
4236 Obamacare and replace it. And Hillary Clinton was very clear  
4237 she wanted to keep it. And so the public actually got to

4238 have a say in this, and they elected Donald Trump with that  
4239 mandate of repealing Obamacare.

4240 So for anybody to think that we are going to just wait  
4241 around and wait around, we have asked CBO, by the way, for a  
4242 score. Anybody who thinks we are going to just wait and let  
4243 some unelected bureaucrats in Washington stop us from  
4244 following through on our promise to the American people that  
4245 we are going to repeal this failed law and finally rescue  
4246 them from the double-digit increases in premiums, and from  
4247 the \$10,000 and more in deductibles, and all of the other  
4248 things that have destroyed good health care for them, we are  
4249 going to keep moving forward and fulfill that promise,  
4250 because the American people expect us to do it.

4251 They want us to do it, and CBO is eventually going to  
4252 come up with a score before it goes to Budget Committee,  
4253 before it goes to the House floor. But in the meantime, if  
4254 they can't get the score out there, we are still going to  
4255 move forward and follow through on that promise.

4256 And, by the way, who are making this promise to? I  
4257 asked my constituents just a few weeks ago, share your  
4258 stories with me. I want to know what Obamacare means to my  
4259 constituents. I hear from them all the time, for years, all  
4260 the complaints. And look what I got. All of these

4261 constituents who have talked about how Obamacare is  
4262 devastating health care for them.

4263         Look at the stories of the 4,500 deductible per family  
4264 member. That is destroying health care and jacking up their  
4265 premiums. People want to be rescued from this law, and they  
4266 had a say in the election. If the American people wanted  
4267 Obamacare to stay in place, they knew they had a choice,  
4268 electing Donald Trump means you are going to help expedite  
4269 the repeal of Obamacare, and he won the race.

4270         But why don't we listen to some other people that talked  
4271 about Obamacare. I rarely quote Bill Clinton on healthcare  
4272 policy, but Bill Clinton just a few months ago said, and I  
4273 quote, "The people who are getting killed on this deal are  
4274 small businesses, people and individuals who make just a  
4275 little too much to get any of these subsidies because they  
4276 are not organized. They don't have any bargaining power with  
4277 the insurance companies, so they are getting whacked." This  
4278 is Obamacare that Bill Clinton is talking about.

4279         I will continue, and I quote, "So you have got this  
4280 crazy system where all of a sudden 25 million more people  
4281 have health care, and then the people who are out there  
4282 busting it, sometimes 60 hours a week, wind up with their  
4283 premiums doubled and their coverage cut in half. It is the

4284 craziest thing in the world."

4285 I completely agree with Bill Clinton on this, because it  
4286 is destroying lives. It is jacking up costs for families.  
4287 And when CBO comes up with the score, that is going to be  
4288 great. But in the meantime, we are not going to wait on some  
4289 unelected bureaucrats to provide relief from Obamacare to the  
4290 American people. The country had their say, and I am glad  
4291 that they spoke loudly.

4292 I am glad this was an issue in the campaign, because  
4293 that means now there is a mandate, because we talked about  
4294 repealing Obamacare and it was front and center in the  
4295 debate. The American people spoke. We are not going to deny  
4296 them this opportunity to get this much-needed relief from  
4297 this disastrous law.

4298 I yield back.

4299 The Chairman. The gentleman yields back the balance of  
4300 his time, I believe. I recognize the gentlelady from  
4301 Colorado.

4302 Ms. DeGette. Move to strike the last word.

4303 The Chairman. The gentlelady is recognized for 5  
4304 minutes to strike the last word.

4305 Ms. DeGette. Thank you, Mr. Chairman. Mr. Chairman,  
4306 the reason why we need the CBO score is not because of some

4307 arcane procedure in the rules. It is because we need to know  
4308 how this bill is going to affect every single one of our  
4309 constituents.

4310 Now, when we passed the original Affordable Care Act in  
4311 2015 -- I am sorry, in 2009, we did have a CBO score before  
4312 this committee marked it up. There was a verbal briefing on  
4313 July 15 at 2:00 by the CBO, a bipartisan briefing, and then  
4314 on July 17, before this committee took the vote, the written  
4315 CBO report came in. So everybody knew how much this was  
4316 going to cost.

4317 The Chairman. Would the gentlelady yield just for --

4318 Ms. DeGette. I will --

4319 The Chairman. -- clarification? Is that -- can you  
4320 give me the date on that letter, please?

4321 Ms. DeGette. I will, respectfully, ask to submit these  
4322 documents for the record, and I will let you look at them  
4323 right now.

4324 The Chairman. Can you just tell me the date on that  
4325 while you have it?

4326 Ms. DeGette. July 17.

4327 The Chairman. Okay. Thank you.

4328 Ms. DeGette. And I hope you will give me a few extra  
4329 seconds, Mr. Chairman. So then we found out, after the

4330 majority repealed part of the Affordable Care Act a couple of  
4331 years ago, exactly how it was going to impact Americans when  
4332 the CBO issued a report then that said if you did this repeal  
4333 and replace thing that the House passed and the Senate passed  
4334 and Obama vetoed, 18 million people would lose their  
4335 insurance.

4336 And then we find out today, from a number of groups, and  
4337 independent groups, including the American Enterprise  
4338 Institute, that if we pass this bill today -- this bill  
4339 today, for which we don't have a CBO score, then 10 to 15  
4340 million Americans could lose their insurance.

4341 Now, I would think that people would want to know if  
4342 their constituents were going to lose their insurance before  
4343 they would want to vote on this bill today. And if the CBO  
4344 is going to have their score on Monday, I would think it  
4345 would be an easy task to wait until Monday.

4346 Certainly, Paul Ryan, Joe Barton, Dave Camp, and John  
4347 Kline thought it was important, because on June 23, 2009,  
4348 they sent a letter to Doug Elmendorf, the head of the CBO,  
4349 demanding that we have a score from the CBO before we mark  
4350 the bill up.

4351 And, Mr. Chairman, I would ask unanimous consent to put  
4352 that letter, and also the January 2017 CBO estimate, into the

4353 record as well.

4354 The Chairman. Just for clarification, July or January

4355 2017, or --

4356 Ms. DeGette. January --

4357 The Chairman. January --

4358 Ms. DeGette. -- 2017.

4359 The Chairman. -- 2017. Okay.

4360 Ms. DeGette. Now, I would ask unanimous consent to put

4361 those in the record, Mr. Chairman. I would ask unanimous

4362 consent to put those in the record.

4363 The Chairman. Yes, without objection. I am sorry.

4364 Ms. DeGette. Thank you.

4365 [The information follows:]

4366

4367 \*\*\*\*\*COMMITTEE INSERT 6\*\*\*\*\*

4368 Ms. DeGette. So Mr. Burgess doesn't think, apparently,  
4369 that the members should care if their constituents are going  
4370 to lose their insurance because he doesn't think the CBO is  
4371 important. But it is important if our constituents lose  
4372 their insurance.

4373 I just want to say a couple more things. My c  
4374 Chairman, Tim Murphy, says that we had numerous hearings in  
4375 the Oversight and Investigations Subcommittee. We did have  
4376 numerous hearings about the Affordable Care Act, but we have  
4377 had zero hearings about this bill. And I think it is  
4378 extremely interesting that my Republican colleagues today  
4379 have had zero to say about the substance of their bill.

4380 They keep talking about this is important, and our  
4381 constituents don't like the ACA, and so on and so forth.  
4382 They are not talking about what is in here. And the reason  
4383 why they are not is because this ill-conceived bill is going  
4384 to be bad for their constituents.

4385 Coverage -- after the election, President Trump said,  
4386 and I quote, "We are going to have insurance for everybody."  
4387 But at least according to the American Enterprise Institute,  
4388 a lot of people are going to lose their coverage.

4389 Number 2, affordability. President Trump also said we  
4390 are going to have, "Much better health care at a much lower

4391 cost." But if you raise Americans' deductibles, as this bill  
4392 will do, if you gut the programs that help keep costs down,  
4393 if you take away the premium support and put the tax credits  
4394 in, Americans are going to pay a lot more money for their  
4395 health care.

4396 Number 3, protections for patients. Republicans also  
4397 have promised to protect patients who have preexisting  
4398 conditions. Now, even though this repeal bill maintains the  
4399 protections that are in the ACA, it is not going to stop  
4400 insurance companies from raising everybody's rates. And  
4401 also, older, sicker people are going to have insurance rates  
4402 raised.

4403 I could go on and on. I have a lot more things to say.  
4404 But the fact is, we could do this. Fred Upton and I and the  
4405 whole committee, this whole committee together, we did 21st  
4406 Century Cures. If we all took a step back and went back  
4407 there, and we can go in the Republican lounge. I have spent  
4408 a lot of hours there negotiating. We could go in there. We  
4409 could improve and update the Affordable Care Act. I wish  
4410 that is what we would do on behalf of our constituents.

4411 The Chairman. The gentlelady's time has expired.

4412 Mr. Barton. Mr. Chairman?

4413 The Chairman. The chair recognizes the gentleman from

4414 Texas, the vice chair of the committee, and the former  
4415 chairman and ranking member of the committee, Mr. Barton, for  
4416 5 minutes.

4417 Mr. Barton. I love vice, Mr. Chairman, so I am glad to  
4418 be the vice chairman. That is so fun.

4419 I want to comment, since the gentlelady from Colorado  
4420 mentioned my name, about what she said. And the gentlelady  
4421 is a good friend of mine, and at some point this year she and  
4422 I are going to work together. I don't think that point is  
4423 going to be today, but we are going to work together.

4424 We did think that there should be a CBO score way back  
4425 then. We never got it, not an official score, but I will  
4426 accept that we wanted one, just like you want one. We want  
4427 one, too. We are all God's children. We all want a CBO  
4428 score. It is not our fault that the CBO is sitting in their  
4429 bottom and not helping us.

4430 But there was a letter sent to the Chairman of the Ways  
4431 and Means Committee, Mr. Rangel of New York at that time,  
4432 dated July 17, 2009, and in that letter -- and it wasn't sent  
4433 to Mr. Dingell, the chairman of our committee, it was sent to  
4434 Mr. Rangel, the chairman of the Ways and Means Committee.  
4435 They did say that they had completed a preliminary analysis  
4436 of H.R. 3200, a preliminary analysis.

4437           Now, this verbal briefing that the gentlelady from  
4438 Colorado referred to, the Republicans were excluded from, Mr.  
4439 Chairman. We weren't allowed to come. I tried to come, and  
4440 I wasn't allowed to. But I want to read from this letter  
4441 that Mr. Rangel got.

4442           It says, "It is important to note here that the figures  
4443 presented do not represent a complete cost estimate for the  
4444 coverage provisions. They reflect specifications provided by  
4445 the committee staff, rather than a detailed analysis of the  
4446 legislative language. They do not include certain costs that  
4447 the government would incur to administer the proposed  
4448 changes. They do not include the impact of the bill's  
4449 provisions on other federal programs. Nevertheless, the  
4450 estimates reflect the major net budgetary effects of  
4451 H.R. 3200."

4452           Do you know what that "net budgetary effect" was, Mr.  
4453 Chairman? It says, "It results in a net increase in the  
4454 deficit of an estimated \$65 billion by fiscal year 2019." It  
4455 wasn't an official estimate, but to the extent they could do  
4456 some preliminary numbers, they said it is going to cost  
4457 \$65 billion.

4458           Now, let us go fast-forward to later in the year when  
4459 the Budget Committee took up what had been H.R. 3200,

4460 although it wasn't called that at the time. This is a report  
4461 to the House dated October 14, 2009, and several other  
4462 members have referred to this. But where it talks about the  
4463 committee cost estimate, it is pretty straightforward.

4464 Clause 3(d) of Rule 13 of the Rules of the House of  
4465 Representatives require an estimate and comparison of the  
4466 costs that would be incurred in carrying out H.R. 3200. The  
4467 committee anticipates that a CBO cost estimate letter will  
4468 address these issues when the bill proceeds to consideration  
4469 on the House floor. But it was not presented when it was  
4470 sent to the -- when the Budget Committee took it up.

4471 So, again, we want a score; they want a score. We don't  
4472 have the score the score; we will get a score. But that is  
4473 not a reason not to mark this bill up.

4474 And with that, I will be happy to yield my time or yield  
4475 back.

4476 The Chairman. The gentleman yields back the balance of  
4477 his time. The chair recognizes the gentleman from  
4478 Pennsylvania, I believe is next, Mr. Doyle, for 5 minutes.

4479 Mr. Doyle. Thank you, Mr. Chairman. I move to strike  
4480 the last word.

4481 The Chairman. The gentleman is recognized.

4482 Mr. Doyle. I want to share a letter that I received

4483 from Governor Tom Wolf, who is governor of the great State of  
4484 Pennsylvania. I have become very concerned of the effects of  
4485 this bill on our Medicaid expansion program. Governor Wolf  
4486 wrote me to express his concern regarding the American Care  
4487 Act. He has urged us to vote no on this bill. I know he has  
4488 sent copies of this letter to other Pennsylvania members. He  
4489 said, in short, it will have a devastating consequence on our  
4490 economy and our constituents.

4491 The legislation, as it stands today, would disrupt  
4492 healthcare access and coverage for millions of  
4493 Pennsylvanians. Currently, there are more than 2.8 million  
4494 Pennsylvanians enrolled in Medicaid, more than 700,000 of  
4495 whom have only recently been able to access Medicaid through  
4496 the expansion that he put in place when he became governor in  
4497 2015.

4498 Of the people in the expansion population, 42,738 of  
4499 them live in my congressional district. More than 1.2  
4500 million of the 2.8 million Medicaid enrollees are children;  
4501 387,000 of them are between the ages of 0 and 5 years old.  
4502 There are more than 248,000 seniors receiving health care  
4503 through Medicaid in Pennsylvania, and the program supports  
4504 over 30,000 individuals with intellectual disabilities and  
4505 autism, so that they can live in their own communities as

4506 well.

4507 In his 2017-'18 proposed budget, 18.5 billion of the  
4508 total Medicaid budget -- that is 62 percent of the budget --  
4509 is going to be spent on older Pennsylvanians and people with  
4510 disabilities. The proposal that we are considering here in  
4511 Congress would freeze Medicaid enrollment for low income  
4512 adults without dependent children beyond 2020, and convert  
4513 Medicaid to a per capita allotment using fiscal year 2016 as  
4514 a base year, with sanctions for states spending higher than  
4515 their targeted aggregate amount.

4516 If the amount of federal funding for the expansion  
4517 population is reduced, Pennsylvania's Department of Human  
4518 Services estimates the cost of covering the more than 700,000  
4519 individuals in the expansion population would be \$2 billion  
4520 annually, not considering any adjustments for cost increases  
4521 or inflation between now and 2020.

4522 In our current economic climate in Pennsylvania, this is  
4523 simply not a cost the state can absorb. We will be forced to  
4524 ration care for our most vulnerable residents, pitting  
4525 seniors against individuals with disabilities, against sick  
4526 children in a race for who is sicker and who needs care more  
4527 immediately.

4528 Separate and apart from Medicaid, more than 413,000

4529 Pennsylvanians have signed up for coverage through the health  
4530 insurance marketplace as of January 2017. Seventy-five  
4531 percent of those marketplace customers are estimated to be  
4532 able to find a plan in 2017 for less than \$100 a month as a  
4533 result of financial assistance.

4534 Subsidies available through the Affordable Care Act  
4535 currently offer protections for individuals living in rural  
4536 and other areas where premiums tend to be higher, but the  
4537 proposal that is being considered in Congress removes those  
4538 subsidies for individuals based on income and geographic  
4539 location and, instead, allocates tax credits based on age.

4540 This will have the disproportionate and unintended  
4541 effect of increasing costs for some of our most vulnerable  
4542 residents, most notably seniors, while decreasing costs and  
4543 creating incentives for wealthy individuals and insurance  
4544 companies.

4545 Seniors represent one of the fastest-growing populations  
4546 in Pennsylvania, and shifting the burden of expensive  
4547 healthcare costs on them to offset costs for the rest of us  
4548 is unfair and disingenuous. These are individuals who have  
4549 lived and worked in our communities, sometimes their entire  
4550 lives, and they will suddenly be at the mercy of health  
4551 insurance companies who will no longer be restricted from

4552 charging them higher premiums than the rest of us.

4553 More than 2.9 million Pennsylvanians are age 60 and  
4554 over, and research shows that nearly 70 percent of them  
4555 reaching age 60 are expected to have long-term care service  
4556 needs at some point in their lifetime. The American  
4557 Healthcare Act would cripple our state's ability to cover  
4558 optional services currently offered by Medicaid, like  
4559 prescription drug coverage and inpatient psychiatric care for  
4560 individuals under age of 21.

4561 The Chairman. The gentleman's time has expired.

4562 Mr. Doyle. And it goes on and on and on, and I am sure  
4563 later in the day we will be able to finish the rest of that  
4564 letter.

4565 The Chairman. All right. I thank the gentleman from  
4566 Pennsylvania. The chair recognizes the gentleman from Texas,  
4567 Mr. Olson, for 5 minutes to strike the last word.

4568 Mr. Olson. I thank the chair. In 2010, Obamacare  
4569 promised a better quality of care at a lower cost with the  
4570 doctor of your choice. All those promises have been broken.  
4571 And while part of this bill tries to salvage/rescue some of  
4572 those promises, it tries to make local care available with  
4573 the doctor of your choice and lower cost.

4574 This bill imposes a 1-year freeze on mandatory funding

4575 for community providers who are engaged in family planning  
4576 services and reproductive health. It puts a ban, 1-year ban,  
4577 on those providers that provide abortions.

4578 In my home state of Texas, there are 36 such centers  
4579 from 1 organization that are in Texas; Arlington, Texas; 3 in  
4580 Austin, Texas; Bedford, Texas; Brownsville; Cedar Hill;  
4581 Dallas, 2; Denton; Dickinson; Fort Worth has 2; Harlingen;  
4582 Houston has 6; Lewisville; Mesquite; Paris; Plano; 5 in San  
4583 Antonio; Spring; Stafford in my district; Tyler; and Waco.  
4584 Thirty-six centers.

4585 There are 37 federally qualified health centers in my  
4586 state, and 300 more sites that give people access to the care  
4587 they deserve. There are these sites in Alpine, Texas;  
4588 Lamesa, Texas; Big Wells, Texas; and Fort Hancock, Texas.  
4589 Fort Hancock is right there by El Paso, on the border.

4590 If you go to one of the clinics that we put the  
4591 moratorium on with this bill, they have to drive 497.9 miles,  
4592 500 miles, to get the care that they deserve. That will take  
4593 6 hours and 48 minutes. This bill simply says there is a  
4594 better way -- local, federally qualified health centers.

4595 This provision is very modest. It simply removes the  
4596 benefit of certain taxpayer dollars from large abortion  
4597 providers if they continue to do abortions outside of the

4598 current law called the Hyde Amendment.

4599 Unlike some of the other clinics that perform these  
4600 services, federally qualified health centers provide  
4601 comprehensive medical, dental, and mental health, and other  
4602 primary services. This bill does not change the availability  
4603 of funds for women's health. It simply establishes a  
4604 safeguard, so the nation's large abortion clinics can't be  
4605 providing such services through Medicaid, and this is access  
4606 to care for local people who need it at their homes.

4607 A January 2007 Marist poll, about 74 percent of  
4608 Americans, including 54 of those who identify as pro-choice,  
4609 are in favor of "stiffer restrictions on abortion." A  
4610 November 2016, a Susan B. Anthony List poll found that 56  
4611 percent of Americans oppose giving taxpayer dollars to some  
4612 of these clinics. Reallocating these funds away from the  
4613 largest abortion providers supports comprehensive health  
4614 services and a better way to invest in women's health on a  
4615 local level.

4616 And one thing back home about this bill, why it is so  
4617 important we pass this bill. This came from a man back home.  
4618 He is a 60-year-old self-employed geologist. In 2009, he had  
4619 his own Blue Cross PPO, and it cost him \$178 per month with a  
4620 \$500 deductible. That was great. Had his own personal

4621 doctors. "I could do whatever I wanted and was covered.

4622 "Obamacare came along, and the PPO increased to \$1,000 a  
4623 month. It is not affordable. My bronze plan went up to \$270  
4624 a month, and then went to \$370, and then \$470 per month. The  
4625 HMO plan only had doctors who were in a small group. I was  
4626 forced to change positions. Last year Blue Cross changed my  
4627 new rate change, \$817 per month, a gut-punching \$6,500  
4628 deductible. That is \$16,304 I have to spend before coverage  
4629 occurs."

4630 And that is why this bill is so important we pass it,  
4631 because to keep the promise made to the American people --  
4632 better care, lower cost, doctor of choice.

4633 The Chairman. The gentleman's time has expired. Other  
4634 members seeking recognition? The gentlelady from Illinois is  
4635 recognized for 5 minutes to strike the last word.

4636 Ms. Schakowsky. Thank you, Mr. Chairman. The  
4637 Republican repeal bill is nothing more than an attempt to rip  
4638 coverage away from millions of people and ration care. And  
4639 even if we can all agree -- no, no, no, I am sorry. I am  
4640 starting over.

4641 Here we go. I strike the last word.

4642 [Laughter.]

4643 The Chairman. I am not resetting the clock.

4644 [Laughter.]

4645 Ms. Schakowsky. I already said that. Bad, sad thing.  
4646 Okay. I move to strike the last word. I strongly oppose  
4647 this legislation because it would rip insurance companies,  
4648 insurance coverage for millions of people, and ration care.  
4649 I would like to share the story of Tracy, a constituent of  
4650 mine from Chicago, whose family has greatly benefitted from  
4651 the ACA.

4652 In 2013, Tracy's family got a phone call that changed  
4653 their lives forever. Her husband Carlo had an aggressive  
4654 form of leukemia. He was only 42 at the time. The situation  
4655 was so dire that he was given 2 hours to arrive at  
4656 Northwestern Hospital, so that he could begin treatment. At  
4657 that moment in anyone's life, the last thing they want to  
4658 think about is how to afford the care they need to survive.

4659 But Tracy started looking into her insurance policy and  
4660 noticed a \$1 million cap on lifetime benefits and started to  
4661 panic. It was entirely possible that her husband's care  
4662 could exceed \$1 million, and then what would they do?  
4663 Luckily, she called her insurance company who told her that  
4664 because of Obamacare her family's health insurance plan no  
4665 longer has an annual or a lifetime limit. Her husband could  
4666 get the care that he needed, and they would not have to worry

4667 about how that care would be covered.

4668 Tracy's husband is alive today because he had affordable  
4669 insurance that provided him with the treatment he needed  
4670 without fear of reaching his annual or lifetime cap, and he  
4671 is now in remission, but has a 20 percent chance of his  
4672 cancer returning. Not only can Tracy's family rest assured  
4673 that because of Obamacare her insurance plan cannot impose a  
4674 limit, but also knows that her husband cannot be denied  
4675 insurance or charged more for that insurance if he has to  
4676 leave his job in order to get cancer treatment.

4677 And, similarly, Tracy won't be penalized if she has to  
4678 leave the workforce to care for her husband, or another  
4679 family member, and lose her insurance coverage.

4680 So when Republicans talk about repealing the ACA, this  
4681 is who they are talking about. They are talking about taking  
4682 quality care away from my constituents, from their  
4683 constituents, from cancer patients, and from families that  
4684 would be bankrupt if they were forced to pay out of pocket  
4685 for cancer treatment.

4686 And I am here today, and many of us are here today, to  
4687 stand up for Tracy, her family, and millions like them across  
4688 the country. And I am here to ask my Republican colleagues  
4689 if they are listening to people around the country and

4690 hearing their demands. I am here to ask Republicans to  
4691 understand why their constituents are so afraid of what they  
4692 are doing to Obamacare. And I am here to ask Republicans, if  
4693 they really came to Congress, to take health care away from  
4694 people who are desperate to have it, and how you will explain  
4695 to seniors and people with disabilities and children that  
4696 they don't deserve to be able to afford the health care that  
4697 they need.

4698 I want to just -- I want to put in the record a letter  
4699 from the AARP that I think all members got on behalf of the  
4700 38 million members of AARP in all 50 states and District of  
4701 Columbia and Puerto Rico and the U.S. Virgin Islands. And  
4702 this is what they say, "We write today to express our  
4703 opposition to the American Healthcare Act. This bill would  
4704 weaken Medicare's fiscal sustainability, dramatically  
4705 increase healthcare costs for Americans aged 50 to 64, and  
4706 put at risk the health care of millions of children and  
4707 adults with disabilities, and poor seniors, who depend on the  
4708 Medicare program for long-term services and supplies and  
4709 other benefits."

4710 Mr. Chairman, I ask unanimous consent --

4711 The Chairman. Of course. Without objection.

4712 Ms. Schakowsky. -- to put this in the record.

4713 [The information follows:]

4714

4715 \*\*\*\*\*COMMITTEE INSERT 7\*\*\*\*\*

4716 Ms. Schakowsky. And I want to know how you will explain  
4717 to someone that their insurance charge them 30 percent more  
4718 for their insurance just because they left the workforce to  
4719 care for a sick family member or perhaps to take care of  
4720 newborn children, and this includes people with preexisting  
4721 conditions.

4722 And so I yield back. Thank you.

4723 The Chairman. The gentlelady yields back the balance of  
4724 her time. Are there other members seeking recognition to  
4725 speak on this? I don't see anybody on the Republican side.  
4726 The chair recognizes the gentleman from North Carolina,  
4727 right?

4728 Mr. Butterfield. That is right.

4729 The Chairman. Mr. Butterfield.

4730 Mr. Butterfield. Thank you very much, Mr. Chairman.  
4731 Mr. Chairman, I am, like my Democratic colleagues, absolutely  
4732 offended at the Republican effort to reduce people's access  
4733 to care and make health care more expensive for low income  
4734 individuals, children, families, and older Americans. This  
4735 is absolutely terrible. This is a nightmare, what we are  
4736 seeing unfold today.

4737 Millions of Americans and tens of thousands of people in  
4738 my district do not want to lose their health coverage, and

4739 this bill would deprive them of that right. And so I am  
4740 outraged, Mr. Chairman, many Americans are outraged, that  
4741 this secretive healthcare plan was finally made public after  
4742 being sequestered in the bowels of the Capitol less than 2  
4743 days before this markup.

4744 The legislative text -- and we have heard that from  
4745 other members -- was literally under lock and key and  
4746 protected by armed Capitol police officers.

4747 The Chairman. Would the gentleman yield?

4748 Mr. Butterfield. Yes, I will yield.

4749 The Chairman. It was never in the Capitol. It was  
4750 never under armed lock and key. It was a discussion draft in  
4751 the Health Subcommittee office. So just to set the record  
4752 right, because I think I --

4753 Mr. Butterfield. Well, the news -- so the news reports  
4754 that this --

4755 The Chairman. That was totally wrong.

4756 Mr. Butterfield. So you deny that it was under lock and  
4757 key.

4758 The Chairman. I fully -- well, if they locked the  
4759 subcommittee room when they left for the night.

4760 [Laughter.]

4761 The Chairman. But it was never in the Capitol. It was

4762 a discussion draft, had a lot of opportunity for improvement.  
4763 It is like you do -- I mean, we are waiting to see your  
4764 amendments anytime. But just so you know, it was never -- it  
4765 was never over where they said it was. It was pretty  
4766 laughable, actually. But I did want anybody --

4767 Mr. Butterfield. Reclaiming --

4768 The Chairman. -- to use up their --

4769 Mr. Butterfield. Reclaiming my time --

4770 The Chairman. -- copier or toner or paper.

4771 Mr. Butterfield. Well, we have been led to believe, Mr.  
4772 Chairman, that the legislative text was literally under lock  
4773 and key, and I hope the news coverage today will continue to  
4774 investigate whether that is true or not.

4775 In this time of Republicans tripping over themselves to  
4776 save taxpayer money, the political theater that you allowed  
4777 to be created is a terrible use of taxpayer money, and I  
4778 think the American people, both Republican and Democrat,  
4779 deserve an explanation and an apology if it happened.

4780 Many Republicans are, rightly, upset, as a select few  
4781 members of this committee and the Republican conference  
4782 drafted this bill in the cover of night with input from the  
4783 White House. And I would like to at a later time, probably  
4784 10:00 or 11:00 tonight, ask staff what input, if any, the

4785 White House had in the drafting.

4786 It is clear that the Republican conference and the  
4787 committee Republicans are not on the same page about how to  
4788 help Americans access affordable health care. To what extent  
4789 was the President involved in the drafting of this bill? To  
4790 what extent was the White House staff involved?

4791 Mr. Trump, President Trump, has said repeatedly, both  
4792 during the campaign for president and after he was sworn into  
4793 office, that everybody -- and he said it many times -- that  
4794 everybody has to be taken care of, and that the government is  
4795 going to pay for it. This draft bill, Mr. Chairman, misses  
4796 that mark entirely.

4797 Also, the CBO has not had a chance to look at this bill  
4798 in order to provide a cost estimate. How can members vote on  
4799 a bill -- how can we vote on a bill when we do not have  
4800 estimates of who it might impact and how much it might cost?  
4801 You are asking us, Mr. Chairman, to commit legislative  
4802 malpractice. We need to be informed.

4803 Don't you think, Mr. Chairman, that the American people  
4804 and committee members deserve to know how much this is going  
4805 to cost the taxpayers and how many people will be affected?  
4806 Democrats have known for years that health care is  
4807 complicated. That is no secret. President Trump has

4808           apparently just come to that realization.

4809           The ACA went through extensive debate and changes before  
4810 the law was passed. I remember it so well; I was here. Our  
4811 constituents and patient groups and the healthcare industry  
4812 all were able to consider the bill and provide input before  
4813 President Obama signed it into law. This markup has cut  
4814 everyone, all of our constituents, out of the process.

4815           They deserve better, and you, Mr. Chairman, and my  
4816 Republican colleagues, should rethink your decision to go  
4817 forward, at least delay the final vote in this committee  
4818 until after we receive the CBO score.

4819           After 7 years of complaining about the ACA and actively  
4820 trying to disrupt it and cause it to fail, it is  
4821 disheartening now to see a plan to supplant it that would  
4822 eliminate coverage for millions. This proposal contradicts  
4823 Republicans' promises to ensure people can keep their  
4824 coverage, and I would hope that we can expect more.

4825           Since the beginning of this Congress only a few months  
4826 ago, I have been in this room many times where Republicans  
4827 have discussed ways to make it harder for people to access  
4828 their care. I represent one of the poorer districts in the  
4829 country, and I hear from my constituents every day about  
4830 their desire to see an increase -- increase -- in access to

4831 health care.

4832 I have more, Mr. Chairman, that I will share with the  
4833 committee later this evening. I yield back.

4834 The Chairman. I thank the gentleman for his comments.  
4835 Are there members on this side -- I would recognize -- just  
4836 as a matter of procedure and process, they have called votes  
4837 on the House floor. So what I thought I would do is take one  
4838 more motion to strike the last word, and then we will break,  
4839 so people have time to go over to the votes. We will resume  
4840 immediately after the votes, but we will, you know,  
4841 obviously, wait until members get back.

4842 So I now recognize the gentlelady from Tennessee, Mrs.  
4843 Blackburn.

4844 Mrs. Blackburn. Thank you, Mr. Chairman. I am so  
4845 pleased to hear one of my colleagues across the aisle finally  
4846 admit that legislative malpractice was there when Speaker  
4847 Pelosi said we were going to have to pass something in order  
4848 to read it and find out what was in it. And I will also say  
4849 I think it is legislative malpractice to pass something that  
4850 is false hopes. And according to many of my constituents,  
4851 that is exactly what has happened with the Affordable Care  
4852 Act.

4853 Just to read you through some of the letters from my

4854 constituents, from a substitute teacher, "Is there any  
4855 possible relief that I might avail myself of to help offset  
4856 this \$1,500 penalty I am having to pay? Is there anything I  
4857 can do in order to not have to pay the penalty?"

4858 Here is another one. "I purchased my own insurance and  
4859 watched it go from 480 with co-pays for the doctor and  
4860 scripts to 942, with \$2,500 deductible before any co-pays or  
4861 prescriptions, and then an 80/20 amount up to 6,700. All  
4862 this in only 3 years, all of those changes."

4863 "When the ACA was passed, our insurance went up 17  
4864 percent, and our deductible from \$2,500 to \$6,400 apiece.  
4865 That is a total of 12,800 for our family, and now we have a  
4866 64 percent increase."

4867 Another one, "Now here we are in 2016, still left in  
4868 peril with fewer options to meet our needs." So there you  
4869 go.

4870 Another one, "In 2016, I paid full premium, 909 a month,  
4871 for my ACA plan, and got no coverage because of the high  
4872 \$6,500 individual deductible my wife and I were assigned. In  
4873 2017, the cost for the plan jumped to \$1,950 a month. We  
4874 received a 1,470 subsidy, lowering the premium to 480 a  
4875 month, because we were living off taxable savings and our  
4876 income will be under \$30,000. Our deductibles came down to

4877 1,200, but the only qualifier is taxable income to determine  
4878 the subsidies. This program is a mess."

4879 Okay. And then the list goes on and on. We have got  
4880 just so many of them. "Here we go again," is another  
4881 constituent. "Last year my rates went through the roof.  
4882 This year, my provider has dropped me, along with thousands  
4883 of others in Nashville, Knoxville, and Memphis. The very  
4884 problems Obamacare was supposed to address have only  
4885 escalated."

4886 So there you go. The letters continue to come. The  
4887 point: this is something that is a false hope. This is why  
4888 we are hard at work on this.

4889 And, Mr. Chairman, I have the letter from Secretary  
4890 Price endorsing the reconciliation recommendations that are  
4891 before us, and I would like to submit that letter for the  
4892 record. To my colleagues --

4893 The Chairman. Without objection, so ordered.

4894 [The information follows:]

4895

4896 \*\*\*\*\*COMMITTEE INSERT 8\*\*\*\*\*

4897 Mrs. Blackburn. This is something that needs our  
4898 attention. It is time for us to clean this law up.

4899 I yield back.

4900 The Chairman. The gentlelady yields back the balance of  
4901 her time.

4902 At this time, I think we will take the committee into  
4903 recess for members to go vote on the House floor. We will  
4904 resume our deliberations upon completion of the votes and  
4905 members' opportunity to get back here.

4906 So the committee stands in recess.

4907 [Recess.]

4908 The Chairman. Okay, we will back to order the Committee  
4909 on Energy and Commerce. Are there any amendments, does  
4910 anyone have any amendments they want to proffer?

4911 Mr. Lujan. Mr. Chairman?

4912 The Chairman. Yes.

4913 Mr. Lujan. Aren't we still on strike the last word?

4914 The Chairman. We can be, yes, but I was going to check  
4915 and see if anybody had any amendments.

4916 Mr. Lujan. If there is no one else seeking to be  
4917 sought, Mr. Chairman, I would like to be recognized to strike  
4918 the last word.

4919 The Chairman. That would be fine. I would be delighted

4920 to recognize my friend from New Mexico for the last word,  
4921 right?

4922 Mr. Lujan. The very previous word, Mr. Chairman. Thank  
4923 you, Mr. Chairman. I have a question of counsel. On page 62  
4924 of the bill, where it is titled penalty. Can counsel answer  
4925 when people with preexisting conditions would get hit with a  
4926 30 percent increase penalty?

4927 Counsel. The penalty doesn't pertain to individuals  
4928 with preexisting conditions specifically.

4929 Mr. Lujan. So people with preexisting conditions will  
4930 not ever get hit with a 30 percent penalty?

4931 Counsel. The penalty applies to anyone who does not  
4932 maintain continuous coverage.

4933 Mr. Lujan. Does that include people with preexisting  
4934 conditions?

4935 Counsel. With or without preexisting conditions.

4936 Mr. Lujan. So does that include people with preexisting  
4937 conditions?

4938 Counsel. Yes, that is right, with or without  
4939 preexisting conditions.

4940 Mr. Lujan. Can counsel tell us how much this bill  
4941 costs?

4942 Counsel. We don't have a score yet from the

4943 Congressional Budget Office.

4944 Mr. Lujan. Can counsel tell us when a CBO score will  
4945 come?

4946 Counsel. Not at this time.

4947 Mr. Lujan. Can counsel tell me if the bill that was  
4948 read earlier is the entire Republican bill?

4949 Counsel. So the aims before us the E&C instructions.

4950 Mr. Lujan. When you say the E&C instructions, does that  
4951 mean there is another part of this bill somewhere?

4952 Counsel. There is another committee marking it up, the  
4953 Ways and Means Committee.

4954 Mr. Lujan. So right now what has been described as  
4955 Phase 1 of the Republican Repeal Plan, there is two pieces of  
4956 legislation currently being marked up?

4957 Counsel. That is correct.

4958 Mr. Lujan. So it is the House E&C and Ways and Means  
4959 Committees, both?

4960 Counsel. That is correct.

4961 Mr. Lujan. When we get a CBO score, will it include the  
4962 entirety of both versions of the bill cumulatively?

4963 Counsel. That is our expectation.

4964 Mr. Lujan. When we get a CBO score, will it include  
4965 Phases 1, 2, and 3 as have been described by President Trump

4966 and Speaker Paul Ryan that there, in fact, are three phases  
4967 that the repeal effort is going through?

4968 Counsel. The Congressional Budget Office will score the  
4969 legislation before them.

4970 Mr. Lujan. So have the Republicans submitted Phases 1,  
4971 2, and 3 before the CBO?

4972 Counsel. The committee has talked with the  
4973 Congressional Budget Office about a variety of pieces of  
4974 legislation.

4975 Mr. Lujan. Can general counsel not answer that  
4976 question? Do you know if Phases 1, 2, and 3 have been  
4977 submitted to the CBO?

4978 The Chairman. If the gentleman would yield, I might be  
4979 able to help.

4980 Mr. Lujan. Quickly, Mr. Chairman, because we have only  
4981 got five minutes.

4982 The Chairman. Oh, okay, I will try to make it quick.  
4983 First of all, Bucket 3 is all kinds of legislative activities  
4984 that we hope to have bipartisan support on, so there is some  
4985 that we have talked about in terms of other bills we have  
4986 even had hearings on. So it is not really fair to counsel  
4987 because he doesn't know all the things we are working on.

4988 Mr. Lujan. Reclaiming my time. Does counsel know who

4989 among the Energy and Commerce Committee staff submits  
4990 legislation to the CBO for score?

4991 Counsel. Any committee or person or office may submit  
4992 legislation to the Congressional Budget Office's for review.

4993 Mr. Lujan. Mr. Chairman, the point I am trying to get  
4994 here is it does not appear very clear that our Republican  
4995 colleagues in the majority, now any of us in the minority,  
4996 are going to get a true score. It appears that the score  
4997 that we are going to get that is supposed to come next  
4998 Monday, per Speaker Ryan, is only going to be on the parts  
4999 that are currently before Energy and Commerce and Ways and  
5000 Means. Somebody earlier said, one of my colleagues on the  
5001 other side of aisle, that bureaucrats were not going to be  
5002 allowed -- unelected bureaucrats make decisions. Everything  
5003 that was described by President Trump and Speaker Ryan today  
5004 at a press conference said that it is going to an unelected  
5005 bureaucrat at HHS, Dr. Price, Secretary Price, to figure out  
5006 whatever Phase 2 is. And then we are going to get Phase 3  
5007 back over here.

5008 So when our Republican colleagues are saying that this  
5009 is going to save the American people money, counsel doesn't  
5010 have a score to show whether it is going to cost more or cost  
5011 less.

5012 Counsel. We don't have a score on the E&C print, the  
5013 bill before us.

5014 Mr. Lujan. Is there a baseline that counsel can maybe  
5015 point me to in the bill that is before us today of at least  
5016 the minimum cost that is currently in this bill?

5017 Counsel. Mr. Lujan, what do you mean by baseline?

5018 Mr. Lujan. Anything. I mean is there something here  
5019 that costs a dollar.

5020 Counsel. Baseline of what?

5021 Mr. Lujan. Is there something in the bill that shows  
5022 that there is any cost to counsel's understanding?

5023 Counsel. Well, so for example, the Patient and State  
5024 Stability Program, that program is funded at \$100 billion  
5025 over 10 years.

5026 Mr. Lujan. So can I direct you to page 51 of the bill,  
5027 what is listed on page 51 on the bill?

5028 The Chairman. Just for clarification if I might, are  
5029 you talking about amendment H --

5030 Mr. Lujan. I am just trying to get a cost, Mr.  
5031 Chairman.

5032 The Chairman. No, no, the amendment in the nature of  
5033 the substitute when you say bill.

5034 Mr. Lujan. Whatever is front of counsel.

5035 The Chairman. I just want to make sure if page 51 that  
5036 you are looking at is the same as counsel's.

5037 Mr. Lujan. Page 51 of what the staff read. What is on  
5038 page 51 of what the staff read?

5039 Counsel. It is the allocation for appropriation.

5040 Mr. Lujan. Are there a lot of numbers there?

5041 Counsel. Yes, there are.

5042 Mr. Lujan. Are each of those lines listed in billions?

5043 Counsel. That is correct.

5044 Mr. Lujan. Would it surprise you if that added up to \$1  
5045 trillion, 30 plus 30 plus 10 seven times gets to \$1 trillion?

5046 All I am saying, Mr. Chairman, is I hope we get a score  
5047 in the bill that is before us. That quickly gets you to \$1  
5048 trillion and that doesn't include what is ever is happening  
5049 at the Ways and Means Committee. There are a lot of  
5050 questions pending in front of us and I certainly hope that we  
5051 get answers to all of these because as our colleagues have  
5052 said when they have asked for 14 days and 72 hours of things  
5053 to be posted --

5054 The Chairman. The gentleman's time has expired.

5055 Mr. Lujan. I yield back, Mr. Chairman.

5056 The Chairman. And just for all the committee members.  
5057 Minority/majority staff are notified of the CBO score, I

5058 believe at the same time. I am being advised by counsel. So  
5059 you will be notified when we are notified. We all want that.

5060 You might check the math, too. I don't believe that is  
5061 \$1 trillion there. It is probably \$100 billion which is what  
5062 he referenced. There is actually a big difference between  
5063 \$100 billion and \$1 trillion.

5064 Are there other members seeking recognition? Has Ms.  
5065 Matsui already spoken? She has not. Ms. Matsui for five  
5066 minutes.

5067 Ms. Matsui. Thank you, Mr. Chairman. I move to strike  
5068 the last word.

5069 Mr. Chairman, Republicans need to understand how this  
5070 bill is going to hurt people's lives. I have received, as  
5071 many of my colleagues have, hundreds and hundreds of stories  
5072 of people in their districts and certainly in my district in  
5073 Sacramento, many calls and in town halls and on social media.  
5074 We are scared about what an ACA repeal would mean for their  
5075 families.

5076 I would like to share the story of one of my  
5077 constituents, Karise Hill. Karise is an amazing advocate who  
5078 shared her story with me and was at my healthcare town hall a  
5079 few weeks ago.

5080 Several years ago, Karise found out she had a severe

5081 disease that causes painful inflammation in the spine and  
5082 other joints in the body. To insurers, Karise's illness was  
5083 a preexisting condition. Worried that she would be denied  
5084 coverage, Karise had to refrain from seeking treatment until  
5085 receiving the official word that she was able to get health  
5086 insurance. And even with insurance, Karise's out-of-pocket  
5087 costs were more than her limited budget could handle.

5088 But with the passage of the Affordable Care Act, Karise  
5089 was able to sign up for a plan that was in her price range.  
5090 She was able to do so thanks to the assistance provided and  
5091 the ACA to help millions of Americans afford healthcare.

5092 As Karise said, "The Affordable Care Act made me feel  
5093 invested in a system where I felt I had options, control, and  
5094 more transparency."

5095 Now with Republicans' attempt to repeal the ACA, Karise  
5096 lives with uncertainty and fear once again. She is worried  
5097 that recipients of Medicaid, like herself, will suffer. I  
5098 wish I could tell Karise not to worry. But now I am going to  
5099 have to tell her that my Republican colleagues on this  
5100 committee want to end the Medicaid expansion, ripping the  
5101 healthcare safety net away from millions in California alone.  
5102 Karise is worried that if her health insurance is taken away  
5103 because of her preexisting condition, her next medical

5104 emergency will result in financial ruin.

5105 Now I am going to have to tell her that Republicans on  
5106 this committee are failing to fully protect people like her  
5107 with preexisting conditions by severely penalizing those who  
5108 may experience a lapse in coverage for any reason. Let's  
5109 call this what it is, a sick tax. Karise can't wait for the  
5110 treatments that she requires and we can't go back to a time  
5111 when getting the medical care people needed was not possible  
5112 because of unfair barriers in the system that were of no  
5113 fault of their own.

5114 For people like Karise, this is too important for  
5115 Republicans to be playing political games. Now I am going to  
5116 do everything I can, and I am sure of my colleagues on this  
5117 side of the aisle also, to fight for people like Karise and  
5118 the millions of others who depend on ACA to live healthy and  
5119 productive lives with their families.

5120 Thank you, Mr. Chairman. I yield back.

5121 The Chairman. The gentlelady yields back the balance of  
5122 her time. I recognize myself for five minutes to ask  
5123 questions of counsel.

5124 Counsel, there are accusations that this reconciliation  
5125 set of instructions before us today would do some things that  
5126 I believe are not included in the text and that we are not

5127 doing. I would like to ask you a series of technical  
5128 questions.

5129 First, does the language in the ban on lifetime or  
5130 annual health insurance limits, yes or no?

5131 Counsel. No.

5132 The Chairman. So the language here does not -- we are  
5133 doing nothing to eliminate the limits or go back to where  
5134 there are limits on health insurance, right? And where can  
5135 this be found in the underlying law?

5136 Counsel. The lifetime and annual limits are within the  
5137 Section 2611 of the Affordable Care Act.

5138 The Chairman. And we do not repeal Section 2711 of the  
5139 Affordable Care Act?

5140 Counsel. Correct, and excuse me, Public Health Service  
5141 Act.

5142 The Chairman. Public Health Service Act.

5143 Counsel. 2711 of the Public Health Service Act.

5144 The Chairman. Does this language end the prohibition on  
5145 rescissions?

5146 Counsel. No.

5147 The Chairman. And where can this be found in the law?  
5148 It should be nearby 2711 if memory serves me right.

5149 Counsel. It is within Title 27 of the Public Health

5150 Service Act. We are trying to find the exact section.

5151 The Chairman. You might look at 2712.

5152 Counsel. 2712 is right.

5153 The Chairman. There you go. My lucky day. So there is  
5154 a prohibition of rescissions. We do not repeal that. Does  
5155 the language end coverage of preventive health services, yes  
5156 or no?

5157 Counsel. No.

5158 The Chairman. So our language does not end the  
5159 provision of coverage of preventive health services. And  
5160 where can this be found in the law? Is that under 2711?

5161 Counsel. That is correct.

5162 The Chairman. Now does this language end the  
5163 prohibition of preexisting condition exclusions or other  
5164 discrimination based on health status?

5165 Counsel. No.

5166 The Chairman. Where can this be found in the law?

5167 Counsel. Section 2704.

5168 The Chairman. So prohibition of preexisting condition  
5169 exclusions or other discrimination based on health status, we  
5170 do not repeal that protection.

5171 Counsel. That is correct.

5172 The Chairman. Does this language end guaranteed

5173 availability of coverage?

5174 Counsel. No.

5175 The Chairman. And where can this be found in the law?

5176 Counsel. It is 2702 of the Public Health Service Act.

5177 The Chairman. And that is the guaranteed availability

5178 of coverage, so nothing we are doing here removes lifetime

5179 caps, you don't go back to the days of preexisting conditions

5180 being excluded, and we make sure there is coverage available.

5181 So five for five.

5182 Does this language end guaranteed renewability of

5183 coverage?

5184 Counsel. No.

5185 The Chairman. And where can this be found in the law?

5186 Counsel. That is within Section 2703 of the Public

5187 Health Service Act.

5188 The Chairman. Okay. Does this language end the

5189 practice of dependents staying on their parents' plans until

5190 they are 26?

5191 Counsel. No.

5192 The Chairman. Okay. And where can this be found in the

5193 law?

5194 Counsel. Section 2714 of the Public Health Service Act.

5195 The Chairman. Does this language end the ban on gender

5196 rating, meaning that we would go back to a situation where  
5197 insurance companies charge women more than men?

5198 Counsel. No.

5199 The Chairman. No. And where can this be found in the  
5200 law?

5201 Counsel. Section 2701 of the Public Health Service Act.

5202 The Chairman. Okay. I have got one more. Does this  
5203 language reopen Medicare Part D, so-called donut hole?

5204 Counsel. No.

5205 The Chairman. And where can this be found in the law?

5206 Counsel. Section 1860D.

5207 The Chairman. Dash 14(a), I believe.

5208 Counsel. That is right.

5209 The Chairman. Medicare Coverage Gap Discount Program.

5210 So the point I am trying to make here is I know when I went  
5211 over to vote I am getting all these questions about what we  
5212 are doing and what may be happening. We have members be told  
5213 by a major news network that we are eliminating coverage for  
5214 black lung disease.

5215 Let's get to the truth. And the truth is right before  
5216 us in what we are or we are not doing on reconciliation. And  
5217 we are protecting American citizens who have preexisting  
5218 conditions. We are not going back to the days of lifetime

5219 caps on your health insurance. We are not kicking your kids  
5220 off health insurance, at least until they turn 26 which is  
5221 the current law. We may help you kick them out of the  
5222 basement at some point, but we are not kicking them off -- we  
5223 are maintaining the existing protections and the existing law  
5224 in all of these sections. So I think it is really important  
5225 for our members who are deliberating on these matters to  
5226 understand the point of law, the point of the reconciliation,  
5227 what we are doing and what we are actually not doing. So  
5228 with that, I yield back the balance of my time.

5229 Are there other members seeking recognition? Ms.  
5230 Castor, for five minutes for purposes of striking the last  
5231 word.

5232 Ms. Castor. Move to strike the last word. Well, Mr.  
5233 Chairman, the point is when you rip away coverage, affordable  
5234 coverage from millions of Americans, then what good is a  
5235 consumer protection against discrimination -- discrimination  
5236 for preexisting condition? And keeping your child on your  
5237 policy until they are 26, if you can't afford coverage  
5238 anymore because you remove the tax credits, you remove the  
5239 pieces that make this affordable. You eliminate what we have  
5240 been able to do in creating this broad insurance pool for  
5241 individuals, entrepreneurs, and some small business owners to

5242 be able to go in and pool their purchasing power.

5243 So you say, yeah, we are not eliminating those  
5244 protections, but if you can't afford an insurance policy, how  
5245 are you going to be able to have that protection? So I just  
5246 had to make that counterpoint.

5247 And I know we continue to talk about why it is important  
5248 to understand what this bill costs and how many people are  
5249 going to be uninsured because of it and I think everyone has  
5250 to acknowledge it is not fair to ask the American people to  
5251 wait, wait until Monday. Is that responsible? It is not  
5252 responsible for a legislative body to say we are just going  
5253 to go ahead and enact before we really know the cost to the  
5254 deficit and how many people are going to be uninsured because  
5255 of this.

5256 And one of the reasons this is so serious is that the  
5257 Republicans are engaging in a little bit of trickery. I  
5258 grant you that you ran and you have said for the past seven  
5259 years we want to repeal the Affordable Care Act. I  
5260 understand that. I have heard it a number of times. But the  
5261 bulk of this bill actually is a fundamental annihilation of  
5262 what care we provide across America for seniors in nursing  
5263 homes, Alzheimer's patients, kids and the disabled under  
5264 Medicaid.

5265           How many of you heard that larger discussion as part of  
5266 a campaign? You go back, did you hear, was that really at  
5267 issue when they talked about repealing the ACA? Did you  
5268 understand what that meant for working families across  
5269 America? The bulk of this bill when you count up all the  
5270 pages, really the monetary impact in a lot of ways, is  
5271 targeted to folks that really don't have a voice. They don't  
5272 have the high-paid lobbyists here.

5273           And the reason this is so serious and particularly  
5274 insidious is because the GOP bills cut Medicaid while  
5275 providing immediate windfall to millionaires. It operates  
5276 like a tax increase on middle class and working families.  
5277 The top 400 earners in America would see a tax break of about  
5278 \$7 million per year.

5279           Meanwhile, if you have a loved one that has to go in  
5280 skilled nursing the support is not going to be there for you  
5281 in future years. They estimate -- there is one estimate out  
5282 there, we don't really know because we don't have the CBO  
5283 score, but the Center for Budget Policy, CBPP, has said this  
5284 could mean about \$380 billion lost to states. So  
5285 millionaires will get a big tax cut averaging about \$57,000  
5286 apiece.

5287           Meanwhile, you are going to take billions from children,

5288 our loved ones with Alzheimer's or a condition that requires  
5289 nursing home care or home and community-based care and that  
5290 is why you hear a lot of governors in states saying whoa,  
5291 because they know that is morally repugnant. And what they  
5292 will have to do is make a very difficult decision. And they  
5293 will hear directly from their neighbors, won't they, that  
5294 they may have to raise taxes to do this, raise taxes to  
5295 provide care for kids. And meanwhile it is largely hidden.  
5296 This has been sprung on us.

5297 I know there has been talk in past years that they want  
5298 to reform Medicaid and turn it into block grants, but now  
5299 this is what this vote means without understanding the real  
5300 impact and how many families are going to be affected.

5301 I do have a couple of questions for counsel though. Is  
5302 there any portion of this bill that tackles the high cost of  
5303 pharmaceuticals?

5304 Counsel. There is no provision related to  
5305 pharmaceuticals.

5306 Ms. Castor. See, that is one of the things where we  
5307 could work on improving the Affordable Care Act and driving  
5308 down costs rather than impacting kids and our older  
5309 neighbors. We could tackle the high cost of pharmaceuticals  
5310 or bring greater competition to some areas.

5311 Here is my next question. It is apparent the Republican  
5312 bill irresponsibly harms Medicare. We learned that there are  
5313 some estimates out there that the Medicare Trust Fund now is  
5314 two years more insolvent, meanwhile the --

5315 The Chairman. The gentlelady's time has expired.

5316 Ms. Castor. -- ACA has proved the solvency. Is there  
5317 anything in this bill --

5318 The Chairman. The gentlelady's time has expired. The  
5319 chair recognizes the gentleman from West Virginia, Mr.  
5320 McKinley, for five minutes.

5321 Mr. McKinley. Thank you, Mr. Chairman, and striking the  
5322 last word, I have got a series of questions perhaps back to  
5323 counsel, if I might.

5324 During the break, I had an opportunity to speak to one  
5325 of the networks and they were suggesting to us, Mr. Chairman,  
5326 that this bill is going to strike the black lung benefits of  
5327 the coal miners in this country.

5328 I spent seven years working to try to help our coal  
5329 miners. This past eight years' administration killed 83,000  
5330 coal miner jobs across this country. And the last thing that  
5331 I would be doing would be doing would be supporting something  
5332 that would help them -- or reduce their healthcare benefits,  
5333 particularly as it relates to black lung.

5334           So my question to you, counsel, is there anything in  
5335 this bill that does away with the black lung benefits to our  
5336 coal miners?

5337           Counsel. There is nothing in this bill that would  
5338 affect coal miner benefits.

5339           Mr. McKinley. And could it be, could it be, do we have  
5340 the 100 plus amendments, yet? Have they been delivered? Do  
5341 we have it? So could it be in one of these mysterious  
5342 amendments that are still to be addressed that perhaps  
5343 something could be done? Is that possible?

5344           If it is not in the bill, I don't know where someone is  
5345 getting this story unless it is one of those -- someone is  
5346 making up stories to try to drive a wedge between us and the  
5347 26 states that mine coal.

5348           Is there anything there that you know? You haven't seen  
5349 the amendments yet either?

5350           Counsel. We have not seen an amendment related to black  
5351 lung benefits.

5352           Mr. McKinley. So all these amendments remain  
5353 mysterious, behind closed doors, locked or whatever and we  
5354 haven't seen any of them yet.

5355           Counsel. I believe some amendments have been filed.

5356           Mr. McKinley. But importantly right now is I just want

5357 to make sure that -- the coal fields, numbers of us represent  
5358 those coal fields across the 26 states. None of our coal  
5359 miners are going to lose their black lung benefits. I want  
5360 to make sure that is clear on the record.

5361 Counsel. There is no provision within this bill that  
5362 affects black lung benefits.

5363 The Chairman. So would the gentleman yield?

5364 Mr. McKinley. Yes.

5365 The Chairman. Mr. McKinley, so your concern, based on a  
5366 network news request that there is something out there that  
5367 is going to hurt our coal miners, the black lung?

5368 Mr. McKinley. Someone is apparently --

5369 The Chairman. So you think maybe the Democrats have an  
5370 amendment that does that?

5371 Mr. McKinley. That is the only thing I can think of  
5372 because it is certainly not in the bill. So I can only think  
5373 that there must be something coming in one of these  
5374 mysterious 100 amendments.

5375 The Chairman. This could easily -- if the gentleman  
5376 yield, this could be easily resolved if the Democrats would  
5377 just make their amendments available for the public to see.

5378 Mr. McKinley. Wouldn't that be novel?

5379 Ms. DeGette. Would the gentleman yield? Would the

5380 gentleman yield, Mr. McKinley?

5381 Mr. McKinley. Yes.

5382 Ms. DeGette. Well, I think I can speak for all my  
5383 colleagues on this side of the aisle. We don't have any  
5384 amendments that we plan to offer that will stop benefits for  
5385 black lung disease.

5386 Mr. McKinley. Thank you. Thank you.

5387 Ms. DeGette. But I would say --

5388 Mr. McKinley. My question is why do you think that is  
5389 out there?

5390 Ms. DeGette. Well, I think it might be out there. I  
5391 will tell you. I think it might be out there because of some  
5392 of the provisions of your bill. For example, let's say  
5393 somebody, one of your miners gets sick and they lose their  
5394 job and then their insurance lapses, then they try to re-  
5395 enroll in their insurance. Then they would have to pay a 30  
5396 percent higher premium and they might not be able to afford  
5397 that premium. That is the only thing I could think of and  
5398 there are some other provisions in the bill that might be  
5399 similar to that in your bill that people would be concerned.

5400 Or, for example, if somebody is between 50 and 65 years  
5401 old and their insurance premium goes up because of the  
5402 rating, then they might have to pay higher -- that is what

5403 those news reports might be about.

5404 Mr. McKinley. If I could reclaim my time. With all due  
5405 respect, that is not how the policy works for our coal miners  
5406 in the industry. They are not going to be subject to this  
5407 because they have provisions under their bargaining rights or  
5408 what they have done with it.

5409 I just wanted to make sure that nothing happens to them  
5410 because it started yesterday. I had a group come in my  
5411 office to ask the question and now the media is talking about  
5412 it. Somebody is trying to drive a wedge on this bill when  
5413 they are using something that is absolutely just incorrect.  
5414 Thank you. I yield back my time.

5415 The Chairman. The gentleman yields back the balance of  
5416 his time. Are there other members seeking recognition? I  
5417 think I need to go to Mr. Rush next is my understanding.

5418 Mr. Rush, you are recognized for five minutes to strike  
5419 the last word.

5420 Mr. Rush. Thank you, Mr. Chairman. Mr. Chairman, there  
5421 is an adage, a familiar adage that says you can fool some of  
5422 the people some of the people some of the time, but you can't  
5423 fool all of the people all of the time.

5424 And Mr. Chairman, the Republicans seem to ignore the  
5425 fact that being the popular vote taken this past November was

5426 almost overwhelmingly against the election of Donald Trump as  
5427 the President of the United States. The difference was over  
5428 three million votes. Notwithstanding the fact, Mr. Chairman,  
5429 that the majority of the voters in the last election voted  
5430 against the Republicans' so-called mandates to repeal the  
5431 ACA. We are here trying to do away with something that the  
5432 American people have demonstrably with their votes  
5433 aggressively defended.

5434 Where is this notion coming from that you have a mandate  
5435 from the American people to change this dastardly path that  
5436 you are so determined to take this afternoon with this bill?

5437 My district, Mr. Chairman, there are over 2,012 Medicaid  
5438 enrollees. These are not just numbers. These are people,  
5439 families, individuals. They are mothers. They are fathers,  
5440 daughters and sons who rely on the Government to ensure that  
5441 they can afford healthcare.

5442 Mr. Chairman, I was really appalled late yesterday  
5443 watching in the news when I saw a leading member of the  
5444 Republican caucus being interviewed on one of the networks.  
5445 And he had the arrogant audacity to say that people should  
5446 stop buying the latest cell phone and start paying their  
5447 premiums, their health premiums.

5448 Have we, members of this Congress, reached this new

5449 level of callousness and disregard for our fellow citizens  
5450 and the right, the basic right of human healthcare for  
5451 everybody? There are young children who rely on this  
5452 program, this Medicaid program, to afford life-saving  
5453 medication to treat their asthma and other kinds of diseases.

5454 Mr. Chairman, probably in the last six months, have paid  
5455 more attention, been in the company of more recipients of  
5456 Medicaid than I would say any other member on this committee.  
5457 My wife is at this very moment fighting for her life. And  
5458 invariably I am at the University of Chicago Medical Center  
5459 interacting with other patients. And I know these patients  
5460 are relying on Medicaid. My wife, thank God, is not relying  
5461 on Medicaid. Your wife, if she was in the same condition,  
5462 she would not be relying on Medicaid. But don't ignore the  
5463 fact, eliminate the fact that you have constituents. I have  
5464 constituents, all relying on Medicaid. There are senior  
5465 citizens in our districts who rely on long-term care that  
5466 this program provides to ensure that their health is stable.

5467 Abolishing the Medicaid expansion will prevent 55,000 of  
5468 my constituents from accessing affordable healthcare and will  
5469 have a detrimental effect for them and for our society as a  
5470 whole. Cancer patients, asthma patients, all kinds of  
5471 patients relying on Medicare --

5472 The Chairman. The gentleman's time has --

5473 Mr. Rush. It is shameful. It is shameful. It is a  
5474 downright shame that we are here dealing with this issue.  
5475 The American people are suffering.

5476 The Chairman. The gentleman's time has expired. Are  
5477 there other members seeking recognition on the Republican  
5478 side? Anybody on the Republican side? If not, we go to Mr.  
5479 Sarbanes, I believe is next. Ms. Eshoo, just for the record,  
5480 you already struck the last word on this.

5481 Ms. Eshoo. I ask for unanimous consent to ask counsel.

5482 The Chairman. Well, we will try and get through our  
5483 members that haven't had a chance.

5484 So Mr. Sarbanes, you are recognized for five minutes.  
5485 And just before we start the clock, there is another call for  
5486 a motion to adjourn on the House floor, so we will break to  
5487 vote for that or against that, depending upon your  
5488 persuasion. But right now we go to Mr. Sarbanes for five  
5489 minutes to strike the last word.

5490 Mr. Sarbanes. Thank you, Mr. Chairman. I move to  
5491 strike the last word.

5492 I wanted to take the opportunity to speak directly to  
5493 some of the people out there that I think are going to be  
5494 harmed by this proposal. And let me start with people in

5495 their early to mid-50s who were hit hard over the last few  
5496 years, particularly in the economic downturn of 2009. Many  
5497 of them lost their jobs. And then when the economy picked  
5498 back up a little bit, they discovered that those jobs had  
5499 become automated. They had been replaced. We are talking  
5500 about hundreds of thousands of people across the country.  
5501 They are now scraping a living together, working a lot of  
5502 part-time jobs. They don't have employer-sponsored health  
5503 coverage. They are exactly the kind of person who has been  
5504 benefitting by being able to go and purchase an individual  
5505 plan in the health exchanges that were set up under the  
5506 Affordable Care Act.

5507 But here is what is going to happen to you. First of  
5508 all, the premiums are going to become more expensive because  
5509 the age rating guidelines that were put in place by the  
5510 Affordable Care Act, those are gone under this bill.

5511 Secondly, the costs of deductibles and other out-of-  
5512 pocket expenses, co-payments, there won't be the relief there  
5513 that the Affordable Care Act now provides to lessen that  
5514 burden and make it easier to afford those things.

5515 Thirdly, the tax credits, the affordability tax credits  
5516 that were there to help you afford that premium that were  
5517 very robust and were based on a number of factors, age and

5518 income and geography, those are now going to be replaced by  
5519 downgraded credits, flat credits, that will not make up for  
5520 the loss and the purchasing power of the credits that  
5521 currently exist.

5522 The bottom line is that for people in their situation,  
5523 the repeal of the Affordable Care Act is going to make things  
5524 much, much more difficult and it is important for people to  
5525 understand how this is going to impact their specific  
5526 situation. So I want to try to make that clear and I think  
5527 it is the reason that Americans need to pay very close  
5528 attention to what is being proposed here.

5529 Let me talk to another group of people out there that I  
5530 think will be severely impacted. There are thousands of  
5531 families across this country, we know, are experiencing the  
5532 pain and anguish of a loved one who is suffering from an  
5533 opioid or a heroin addiction. And they need treatment  
5534 services. They need support.

5535 Many of those families, many of you who are looking for  
5536 treatment opportunities for someone in your family are  
5537 benefitting now because of the Medicaid expansion because the  
5538 essential health benefit plans that are provided through  
5539 Medicaid now cover these kinds of treatment services to bring  
5540 some relief to the anguish of your families.

5541 Under this proposal, Medicaid expansion will be  
5542 undermined. Ultimately, the essential health benefits plans  
5543 and the kinds of benefits that will be covered, including  
5544 these sorts of treatment services, will fall away. And that  
5545 kind of support, that treatment for your families, for those  
5546 who are experiencing this pain of addiction across the  
5547 country will no longer be available. There isn't a community  
5548 in this country, there isn't a congressional district in this  
5549 country, that hasn't experienced this crisis.

5550 So we need to think carefully before we move forward  
5551 with this repeal. We can't have a repeal that is going to  
5552 put people in that dire situation. And we are going to do  
5553 our best on this side of the aisle to provide good  
5554 information to all of the various groups out there that are  
5555 being impacted by this proposal. If you put it in the  
5556 context, particularly if you put in the context of these  
5557 families that will be hard hit when the Medicaid expansion is  
5558 pulled back and when we really upend the traditional Medicaid  
5559 program in the ways that are being proposed, it leaves no  
5560 conclusion but to view this bill as wrongheaded, immoral, and  
5561 fundamentally inhumane and for those reasons we should reject  
5562 it. I yield back.

5563 The Chairman. The gentleman yields back the balance of

5564 his time. The committee will be in recess. We will  
5565 reconvene immediately after this vote on the House floor.

5566 [Recess.]

5567 The Chairman. We will call the committee back to order.  
5568 We are in the amendment in the nature of a substitute. Are  
5569 there members seeking to strike the last word? The chair  
5570 recognizes the gentleman from California, Mr. McNerney for 5  
5571 minutes to strike the last word.

5572 Mr. McNerney. Striking the last word. Because of the  
5573 Affordable Care Act, 20 million Americans gained access to  
5574 health care who did not have it before, but now we want to  
5575 talk about access to mental health care. The Affordable Care  
5576 Act also expanded access to mental health care by requiring  
5577 all health care plans to cover mental health and substance  
5578 abuse treatment.

5579 The ACA recognized that mental health issues and  
5580 substance abuse disorders as important health conditions that  
5581 made a treatment affordable. It closed the gaps in insurance  
5582 coverage. Mental health is an issue that affects every  
5583 district in every state. Making sure that all Americans have  
5584 access to mental health care should be a priority.

5585 The Republican replacement bill removes protections in  
5586 the ACA that ensures all Americans have access to mental

5587 health care. Quality health coverage should include  
5588 preventive care and lifesaving medical treatments. Under the  
5589 Republican replacement bill, maternity care, emergency  
5590 services, preventive care and mental health and substance  
5591 abuse disorders treatments will no longer be guaranteed for  
5592 the millions of our families, friends, and neighbors on  
5593 Medicaid. All Americans deserve health coverage that  
5594 includes behavioral health treatments, access to mental and  
5595 behavioral and patient services and access to substance use  
5596 disorder treatment.

5597 The Republican bill also hurts older Americans, which is  
5598 why the AARP opposes this legislation. Just yesterday, I  
5599 received a call from a teacher in my district. She is 58  
5600 years old, she is a diabetic, and she needs two insulin shots  
5601 a day. She works full time and lives paycheck to paycheck.  
5602 After rent, car insurance, and other needs, she cannot afford  
5603 health coverage without the Affordable Care Act. This bill  
5604 would be devastating to her and millions of other individuals  
5605 and families in similar situations. Those who like high  
5606 deductible policies will love this Republican plan.

5607 Mr. Chairman, we have heard for years including today  
5608 that the ACA has failed, but this is demonstrably false and  
5609 now the Republicans have found themselves painted into a

5610 corner. Because of these false claims you are forced to try,  
5611 to try to repeal the Affordable Care Act, but your  
5612 prescription really will be a failure. Either it won't pass,  
5613 which is my bet, or if it does pass will put our healthcare  
5614 system back into the hands of the insurance companies. The  
5615 result will be higher costs and less coverage, and Americans  
5616 will revolt.

5617 Mr. Chairman, withdraw this message bill and work with  
5618 us to improve the Affordable Care Act. Mr. Chairman, I yield  
5619 to the gentlewoman from Florida.

5620 Ms. Castor. I thank my colleague for yielding. I  
5621 wanted to just take a minute to ask another question of  
5622 counsel relating to Section 2711. This is kind of what the  
5623 GOP bill does in place of the individual mandate that say  
5624 that encourage continuous coverage.

5625 And I am asking this because I was talking with Jonah  
5626 Moore from Tampa, yesterday. I was with him. He has  
5627 multiple sclerosis, a wife and two kids. He has private  
5628 insurance. He didn't buy it through the exchange he went out  
5629 and bought it himself. He needs it desperately. He is very  
5630 concerned about preexisting conditions.

5631 But what he also as we were talking about the terms of  
5632 the bill, he said that he got into a dispute with his

5633 insurance company and they said, oh, he hadn't paid. I don't  
5634 know the particulars. But he said, gosh, he would be very  
5635 afraid if there was an argument over lapse in coverage with  
5636 the insurance company over a glitch. And it is not clear in  
5637 the bill how a dispute like that would be determined.

5638 Whose word is final? How is that determined? Is this  
5639 particularly important for folks who have those preexisting  
5640 conditions if the insurance company says one thing and the  
5641 facts are the other?

5642 The. Counsel. State insurance commissioners usually  
5643 have an audit process. That was the way it worked before the  
5644 Affordable Care Act, so audits regarding who has continuous  
5645 coverage.

5646 Ms. Castor. So you are going back to -- I have heard a  
5647 lot from the other side. They don't like the faceless  
5648 bureaucrats out there making healthcare decisions, so that is  
5649 the answer they go back to, to dispute with an insurance  
5650 company and you have to work it out at the state level over a  
5651 dispute?

5652 The. Counsel. State audit process. There is also the  
5653 third-party --

5654 Ms. Castor. State audit process.

5655 The. Counsel. Yes, there is also third-party external

5656 review in states as well to help with that.

5657 Ms. Castor. I yield back my time.

5658 Mr. McNerney. I yield back.

5659 The Chairman. The gentleman yields back. The other  
5660 members seeking recognition, representative from Oklahoma,  
5661 Mr. Mullin, is recognized for 5 minutes.

5662 Mr. Mullin. Mr. Chairman, I move to strike the last  
5663 word.

5664 The Chairman. Recognized.

5665 Mr. Mullin. I yield time to Mr. Murphy.

5666 Mr. Murphy. I thank the gentleman. I wanted to  
5667 respond, Mr. Chairman, if I could, to some comments made from  
5668 my friend from California, who I know cares a great deal  
5669 about those with disabilities, those with mental illness, and  
5670 those with substance abuse. But this is more of a message  
5671 for the people of America that I want them to understand.

5672 This committee worked very hard and I was never more  
5673 proud than what this committee did in passing unanimously the  
5674 Helping Families with Mental Health Crisis Act which then  
5675 went to the floor and passed 422 to 2. That powerful bill  
5676 provided a lot of service in the mental health arena,  
5677 strengthened parity laws, authorized a number of programs,  
5678 and I want to make it very clear that this bill does not

5679 change any of that law. This is some of this committee's  
5680 greatest work, probably its greatest bill in the last session  
5681 as it was combined into the 21st Century Cures Act.

5682 Mr. Kennedy. Will the gentleman yield?

5683 Mr. Murphy. Not yet. And I want people to know that.  
5684 The second thing is that the essential health benefit remains  
5685 in the Affordable Care Act. It is not struck at all in this  
5686 bill. Further, there is other language in this bill which  
5687 allows grants to go to the states out of the \$15 billion  
5688 grant bill in the first year and the second year, and then  
5689 \$10 billion out of that to maintain and to strengthen the  
5690 mental health and substance abuse services.

5691 So I want everybody to know that those are going to  
5692 continue to be part of this as we move forward. I also know  
5693 in the future we are going to continue to work on reforming  
5694 some of the mental health systems in America that under  
5695 Medicaid many states do not collect data on what happens to  
5696 their folks in Medicaid. This bill actually requires them to  
5697 collect data, because what they can't -- they don't even know  
5698 what they don't know, and what you don't measure you cannot  
5699 manage.

5700 So this will help that as we know persons with mental  
5701 illness oftentimes have chronic illness, primarily heart

5702 disease, diabetes, lung disease, infectious disease, but as  
5703 you track those and as you better wrap services around them  
5704 you actually lower healthcare costs, something we will get in  
5705 the future. But by the essential health benefit maintenance  
5706 in this by further grants, by parity, and by other elements  
5707 of this bill it does not undermine past issues with this.

5708 Mr. Kennedy, you wanted me to yield to you for a moment?

5709 Mr. Kennedy. Yes, and maybe this is a question for  
5710 counsel, but I will leave it for you, Mr. Murphy, page 8 line  
5711 3 of the bill at C., sunset of essential health benefits  
5712 requirement.

5713 So when we say it does not touch the essential health  
5714 benefits for Medicaid expansion, I believe page 8 line 3  
5715 actually does do that and it does put at risk the guarantees  
5716 that are currently put in place under the Affordable Care  
5717 Act. It goes directly to that which actually, I believe,  
5718 gets to the gentleman's point from West Virginia earlier.  
5719 Yes, you are right about not being denied based on  
5720 preexisting condition. However, the provision, the removal  
5721 of the essential health benefits means that yes, you might be  
5722 able to get covered for black lung, but there is no guarantee  
5723 you can then afford the coverage to actually avail yourself  
5724 of the treatment. This gets to the very heart of what the

5725 bill actually does.

5726 Mr. Murphy. I appreciate my friend from Massachusetts.

5727 Can I yield to Counsel Josh and ask him to respond directly

5728 to that question about the essential health benefit?

5729 The. Counsel. Yes, sir. So the provision that Mr.

5730 Kennedy asked about does repeal the application of essential

5731 health benefits to alternative benefit plans in Medicaid, but

5732 the regulation that CMS promulgated in March of 2016 applying

5733 the 2008 Public Health Service Act Wellstone and Pete

5734 Domenici Mental Health Parity law to Medicaid alternative

5735 benefit plans and CHIP still applies.

5736 Mr. Kennedy. To the expansion population?

5737 The. Counsel. It still applies to those who receive

5738 Medicaid through alternative benefit plans.

5739 Mr. Kennedy. Counsel, if I can clarify --

5740 The Chairman. I would just say for regular order

5741 purposes the time belongs to my friend from Oklahoma, Mr.

5742 Mullin.

5743 Mr. Mullin. I will yield to my friend from

5744 Massachusetts.

5745 Mr. Kennedy. You are a good man, Mr. Mullin. I have 40

5746 seconds to try to keep it that way. Point of clarification

5747 then understood that this law does not do anything to remove

5748 or kill parity, but it doesn't then say if you are killing  
5749 the essential health benefits it doesn't say that you  
5750 actually have to offer mental health coverage to begin with.

5751 The. Counsel. If individuals receive their coverage  
5752 through alternative benefit plans in Medicaid, the both  
5753 traditional Medicaid and alternative benefit plans, then the  
5754 2008 Mental Health Parity law still applies.

5755 Mr. Kennedy. But if you are not guaranteed the  
5756 benefits, you are saying you are guaranteed the coverage but  
5757 we are not guaranteeing the benefit if I can clarify the  
5758 question.

5759 The Chairman. The gentleman's time has expired.

5760 Mr. Mullin. Mr. Chairman, I will yield back.

5761 The Chairman. The gentleman from Oklahoma's time has  
5762 expired. He has yielded back. Now we can go to others  
5763 seeking recognition to strike the last word who have not  
5764 already spoken. The chair recognizes the gentleman from  
5765 Vermont, Mr. Welch, for 5 minutes to strike the last word on  
5766 the amendment in that nature of a substitute, the only  
5767 amendment we have taken up so far.

5768 Mr. Welch. Thank you, Mr. Chairman. I move to strike  
5769 the last word.

5770 The Chairman. You are recognized, yes.

5771 Mr. Welch. Thank you very much. Congressman Scalise, I  
5772 think, is not here, but he said something that I have paid a  
5773 lot of attention to. He said that in the healthcare bill --

5774 The Chairman. Ladies and gentlemen, if we can have  
5775 regular order so that Mr. Welch may proceed.

5776 Mr. Welch. Congressman Scalise said something that I  
5777 have paid a lot of attention to. He said that for a lot of  
5778 people just above the line where subsidies expire they are  
5779 working harder but health care is out of reach for them and  
5780 they are not getting help from the government and some of  
5781 those folks have been in areas where premiums have shot up.  
5782 That is a problem. I acknowledge that is a problem. I think  
5783 all of us on our side acknowledge that it is a problem. It  
5784 is the market aspect of it for the individual market is not  
5785 working.

5786 Now there is a debate about how that happened, because  
5787 when we were passing this bill it was anticipated there would  
5788 be disruption and we tried to have risk corridors and provide  
5789 additional income revenue for the insurance companies as they  
5790 were trying to make the adjustments and that was taken out by  
5791 Marco Rubio in the Senate. So let's just put aside who is,  
5792 quote, responsible for this. Who is ever responsible for it,  
5793 what Steve Scalise said was a problem is a problem. And I am

5794 here as one Democrat and I think all of us, we want to fix  
5795 that. We want to fix that. But in the process of fixing it  
5796 we don't want to wreck the good stuff that has really helped  
5797 a lot of folks in this country.

5798 You know, what we did with the insurance reforms, you  
5799 opposed those but now you embrace them and that is a good  
5800 thing, but it really made a difference. Half the people in  
5801 Vermont have a preexisting condition and they got hassled.  
5802 If they wanted to get coverage they could be denied or they  
5803 could be hammered on what that premium would be and that is  
5804 true in your states as well. We have changed that. That is  
5805 a good thing.

5806 But the other aspects of this bill are going to make  
5807 things worse for the folks that Steve Scalise was speaking  
5808 for. It is not going to make it better. What we are going  
5809 to do by, first of all, going to this mandate where if you  
5810 don't buy insurance you get a 30 percent premium penalty that  
5811 goes to the insurance company, I just don't get that.  
5812 Because, first of all, you are not going to have people  
5813 deciding to sign up because why not take the risk especially  
5814 if you are a young person and then when you get sick pay the  
5815 30 percent for 1 year? And by the way, I think there is a  
5816 basic proposition, if all of us are going to be covered and

5817 we all want to be covered all of us have to pay. That is the  
5818 way it works. There is no free lunch here.

5819 But now the next thing is you have changed in this bill  
5820 and I think you have to think about what the implications are  
5821 from direct subsidies to tax credits, but the whole question  
5822 here is a side-by-side assessment as to whether or not the  
5823 amount of money that is going to go to folks who need help to  
5824 get insurance is sufficient to allow them to buy it.

5825 And whether it is a subsidy or a tax credit is less the  
5826 question than whether the amount that is there is going to do  
5827 the job, and it is not. The side-by-side shows that folks  
5828 who are deserving health care, folks who are working, folks  
5829 that we all think deserve respect because they pay their way  
5830 but need help with insurance, those folks are going to be  
5831 left out. A lot of folks are going to lose health care under  
5832 this design. The other thing, capping Medicare, there is a  
5833 concern on your side somewhat that we acknowledge the cost of  
5834 things matters, it really does. But you don't solve the  
5835 problem by just putting a cap on what the Medicare payments  
5836 to states and individuals will be. We have got a problem  
5837 with the explosion and the cost of health care. We have done  
5838 nothing in here about the prescription drug prices. We have  
5839 nothing here about the payment system fee-for-service that

5840 just means that you run wild with how much services get  
5841 provided oftentimes with no particular benefit.

5842 So at the end of the day we are going to pass this  
5843 burden onto the state and tell them good luck. In 2020,  
5844 these subsidies go out and we are going to be asking our  
5845 states to make the terrible, the selfish choice decision  
5846 about who they are going to dump on the healthcare rolls or  
5847 what benefits they are going to cut, but we won't address  
5848 what the cost drivers are.

5849 And there are some folks here, Larry Bucshon has a lot  
5850 of good ideas about how to address the cost and that is where  
5851 we ought to be going, not addressing the cost by throwing  
5852 people off of the healthcare rolls. Address the cost where  
5853 the excess spending is occurring and where the waste is  
5854 occurring. We are not even talking about that in this bill.

5855 The Chairman. The gentleman's time has expired.

5856 Mr. Welch. I thank you. I yield back.

5857 The Chairman. The gentleman's time has expired. Are  
5858 there other members seeking recognition to strike the last  
5859 word? The chair recognizes Mr. Tonko.

5860 Mr. Tonko. Thank you, Mr. Chair. I move to strike the  
5861 last word. It often gets lost in the back and forth of this  
5862 place, but at its heart our business here is to try to do

5863 right for the American people. Every single one of us is  
5864 here because somewhere along the line I believe a special  
5865 person touched our life and inspired us to fight for change.  
5866 For me, one of those people was a Little Leaguer named  
5867 Timothy Auclair. I met Timothy when he was a 12-year-old boy  
5868 on the baseball field where he exhibited his charm and spunk  
5869 that made anyone who knew him love him.

5870 Timothy struggled with mental illness and mental health  
5871 disorders and his family struggled along with him, fighting  
5872 with insurance companies to get him the care that he needed.  
5873 The insurance companies didn't know the Timothy that I knew  
5874 where we saw an extraordinary little guy in a fight for his  
5875 own life, the insurance companies saw expenses in a ledger  
5876 book. They put caps on his care and denied coverage for  
5877 needed mental health treatment.

5878 When Timothy received the care he needed he thrived, but  
5879 his family always knew that those caps and denials of  
5880 coverage were right around the corner. Things got worse for  
5881 Timothy. In order to get him the Medicaid coverage he  
5882 needed, Timothy's parents were forced to legally disown him.  
5883 Can you imagine being forced to make that decision in your  
5884 own family? Unfortunately for Timothy even that wasn't  
5885 enough. At 12 years of age Timothy committed suicide.

5886           For Timothy, the gains we made towards mental health  
5887 parity in passing the Affordable Care Act but they came too  
5888 late. Timothy lived at a time when our nation credo was that  
5889 if you get sick you are on your own. In the richest country  
5890 on earth, a country founded on the idea that we are all born  
5891 with the unalienable rights to life, liberty, and the pursuit  
5892 of happiness that is not good enough.

5893           The plan we have before us today takes us right back to  
5894 those dark times. It will allow big insurance companies to  
5895 discriminate against people like Timothy who need mental  
5896 health care. It will provide less help to low- and middle-  
5897 income families to purchase health care in order to pay for a  
5898 \$195,000 average tax break for the wealthiest one-tenth of  
5899 one percent. Even by the rosier estimates, this repeal plan  
5900 will rip healthcare coverage away from millions of people.

5901           This is not a plan to take care of kids like Timothy or  
5902 their parents or grandparents or anyone else who needs care.  
5903 This is a plan for my Republican colleagues to take care of  
5904 their big-pocketed donors. If he is out there looking down  
5905 from heaven, Timothy isn't listening for the ins and outs of  
5906 enhanced FMAs, balanced budgets, or actuarial values. He is  
5907 watching us to make sure the next Little Leaguer who needs  
5908 our help is taken care of and that we do right by our friends

5909 and neighbors who are counting on us. Timothy is watching, I  
5910 am watching, and the American people are watching for  
5911 certain. Let's not let them down.

5912 And to clarify the point that our colleague Mr. Kennedy  
5913 offered, if this bill is passed and Timothy as an adult was  
5914 on Medicaid he would not have guaranteed coverage to mental  
5915 health benefits because we take away those options, we don't  
5916 mandate them. So it doesn't matter if there is parity if you  
5917 don't have the mental health coverage provided in your  
5918 insurance plan.

5919 With that I see I have a minute and a half remaining.  
5920 Mr. Kennedy, I will yield to Mr. Kennedy here.

5921 Mr. Kennedy. Thank you, Mr. Tonko. And I have a  
5922 question for the legislative counsel then just to try to make  
5923 sure I fully understand it. Based off of what you were  
5924 saying, sir, I understand the fact that this law does not  
5925 impact mental health parity, but it was a combination of  
5926 mental health parity and the ACA that included mental health  
5927 benefits as part of the essential health benefits package.

5928 Parity just says if you offer mental health benefits  
5929 they have to be offered at the same way that physical health  
5930 benefits are. It does not mandate the offering of mental  
5931 health benefits. With the combination of the repeal language

5932 that we see on page 8, it means that mental health benefits  
5933 are not required now by federal law that it would be up to  
5934 the states to actually impose.

5935 So when we look at those essential health benefits  
5936 whether it is mental health care or potentially for other  
5937 health conditions that is no longer essentially covered or  
5938 required to be covered by this version of this text; is that  
5939 not correct?

5940 The. Counsel. The text before us does remove the  
5941 application of the essential health benefits for the  
5942 alternative benefit plans in Medicaid.

5943 Mr. Kennedy. Sorry, it does what? I apologize, I just  
5944 didn't catch it. I am sorry, sir. I genuinely didn't hear  
5945 what you, it does what?

5946 The. Counsel. It does remove the application of the  
5947 central health benefits on the alternative benefit plans in  
5948 the --

5949 Mr. Kennedy. It does remove them, yes.

5950 The. Counsel. Correct.

5951 Mr. Kennedy. Including mental health, yes. Thank you.

5952 Mr. Tonko. I appreciate that answer, it clarifies a  
5953 lot. We yield back.

5954 The Chairman. The gentleman's time has expired. Are

5955 there other members seeking to strike the last word? The  
5956 gentlelady from New York, right, Ms. Clarke, is recognized to  
5957 strike the last word for 5 minutes.

5958 Ms. Clarke. Thank you, Mr. Chairman. I just wanted to  
5959 sort of pick up where I left off earlier really just to drill  
5960 down a bit about New Yorkers and what the impact would be  
5961 here. So prior to the ACA in the United States, one of the  
5962 wealthiest nations as we know in the world, nearly 47 million  
5963 Americans lacked health insurance of which 13.5 percent were  
5964 New Yorkers. New York City hospitals were losing well over  
5965 \$1.2 billion in charity costs per year. Additionally, a  
5966 study by the Department of Health and Human Services found  
5967 that 17.1 million Americans under the age of 65 were  
5968 underinsured of which 9.3 million had employer-based  
5969 insurance.

5970 Tragically, people in these situations had to go without  
5971 vital health care simply because they could not afford it.  
5972 However, after the passage of the ACA, only 8.6 percent of  
5973 Americans or 27.3 million people are uninsured for the first  
5974 time in history that the nation's uninsured rate fell below  
5975 nine percent and New York's uninsured rate has been cut to  
5976 five percent, the lowest level in decades.

5977 Charity costs at New York's hospitals have declined, and

5978 due to the essential health benefits requirement no American  
5979 is underinsured. The American Health Care Act, on the other  
5980 hand, puts all of these positive gains at risk. Here is what  
5981 is at risk for New Yorkers: 1,620,000 New Yorkers stand to  
5982 lose their coverage, and of the eight million New Yorkers who  
5983 have employer-sponsored insurance risk losing their  
5984 preventive services which are covered with no copays.

5985 We can't afford to go back to the days before the  
5986 Affordable Care Act. Health care we know is a fundamental  
5987 right and not a commodity as, you know, Republicans would  
5988 have us believe as it is being treated in this bill, and I  
5989 believe that the government has a responsibility to its  
5990 citizens in securing affordable, quality health care.

5991 So there are many reasons that I am opposed to this  
5992 bill. The spirit under which it has been written has been  
5993 divisive, it has been unfair, it has been deceptive, and we  
5994 won't abide with it. So I urge my colleagues to defy these  
5995 efforts to turn back the clock on health care. I say that we  
5996 all must resist, push back, resist. And I yield to my  
5997 colleague, Mr. Lujan, at this time.

5998 Mr. Lujan. Thank you very much, Ms. Clarke. I have a  
5999 question of general counsel. Will the committee be taking  
6000 votes on either the bill or the language in the alternative

6001 to that has been filed, before Thursday at 6:00 p.m.?

6002 The Chairman. That would not be a question appropriate  
6003 for counsel.

6004 Mr. Lujan. Mr. Chairman, are we as a committee going to  
6005 be voting before 6:00 p.m. Thursday night in this committee  
6006 on anything?

6007 The Chairman. Well, you know, in the discussion I had  
6008 with the ranking member given that we have not seen how many  
6009 amendments but we are told you have hundreds of them, it is  
6010 hard for me to predict the timeline here in consideration, so  
6011 it is hard for me to answer.

6012 Mr. Lujan. Are you claiming my time, Mr. Chairman? I  
6013 apologize, are you claiming my time? I am curious why the  
6014 committee is ignoring the Walden 72-hour rule.

6015 Back in 2010 --

6016 The Chairman. There is no such thing.

6017 Mr. Lujan. -- there was a rule in 2010 where Chairman  
6018 Walden led an effort that no bill would be voted on for 72  
6019 hours before --

6020 The Chairman. No, I -- since it --

6021 Mr. Lujan. If I may, Mr. Chairman, and I will finish  
6022 quickly, sir.

6023 The Chairman. Well, I just want to make sure it is

6024 accurate. It is a 3-day rule, not a 72-hour rule. That is  
6025 the rule of the House and in the committee.

6026 Mr. Lujan. So on your website there is a press release  
6027 that says at least 72 hours before a vote to give the press,  
6028 public, and Members of Congress enough time to review it.  
6029 Now I grew up on a small farm, but a day is sunrise to  
6030 sunrise, typically, and 72 hours is 72 hours. Now if that is  
6031 not enough --

6032 The Chairman. So what was the date of that on my  
6033 website? That was probably --

6034 Mr. Lujan. January 13th, 2010. So the other question I  
6035 have is, why is this committee --

6036 The Chairman. So there is a lot after that.

6037 Mr. Lujan. If I may, Mr. Chairman, why is this  
6038 committee ignoring the 14-day rule which was supported by  
6039 many members of our colleague including our chairman that  
6040 required that the bill would be posted for 14 days prior to  
6041 its voting? Mr. Chairman, I know that process matters.  
6042 There is language that was included in the hearing --

6043 The Chairman. The gentleman's time has expired.

6044 Mr. Lujan. Thank you, Mr. Chairman.

6045 The Chairman. Are there other members seeking to strike  
6046 the last word? The gentleman from Iowa is recognized. Oh,

6047 wait a minute, I apologize. We have someone on our side.

6048 The gentleman from Mississippi is recognized.

6049 Mr. Harper. Thank you, Mr. Chairman, move to strike the  
6050 last word and I yield my time to the chairman, Mr. Walden.

6051 The Chairman. I thank the gentleman. So I would like  
6052 to go back to the issue of policy here and that relates to  
6053 the essential benefits, because I think there is some  
6054 confusion about the complexity of this and that there are  
6055 different ways this applies. And so I would like to take the  
6056 time to make sure all of our members fully understand what is  
6057 in the amendment in the nature of a substitute as it relates  
6058 to the essential benefits because it is more than just one  
6059 area, correct?

6060 The Counsel. That is correct, Chairman. So there are  
6061 --

6062 The Chairman. Can you walk us through how essential  
6063 benefits would be treated here especially as it relates to  
6064 mental health and substance abuse?

6065 The Counsel. That is right, so essential health  
6066 benefits applies in essentially two settings, one, the  
6067 commercial insurance market; second, Medicaid. And so I will  
6068 walk through the commercial insurance market.

6069 So Section 1302 of the Affordable Care Act included

6070 essential health benefit requirements. Those included ten  
6071 categories of services under 1302(b). One of those services  
6072 includes mental health and substance use disorder services  
6073 including behavioral health treatment. The bill before the  
6074 committee today does not alter the application of the  
6075 categories of essential health benefit services for private  
6076 health insurance coverage at all. It does not alter those  
6077 categories.

6078 The Chairman. So those essential benefits remain for  
6079 private health insurance?

6080 The Counsel. Correct. So the categories would remain.

6081 The Chairman. Okay, now we will get there. Now can you  
6082 explain what happens when it comes to Medicaid? Your mike is  
6083 not on, Josh.

6084 The Counsel. Section 112(c) would modify the Social  
6085 Security Act 1937(b)(5) and repeal the ACA's amendment to the  
6086 alternative benefit plans that had been created in the  
6087 Deficit Reduction Act of 2005 which apply the essential  
6088 health benefits. So it would remove the application of  
6089 essential health benefits for this narrow population that  
6090 receive their coverage in alternative benefit plans in  
6091 Medicaid. It is not for all of Medicaid, but for this  
6092 smaller subset of individuals that are covered through the

6093 alternative benefit plans.

6094 The Chairman. Okay, so for Medicaid itself what happens  
6095 with essential benefits?

6096 The. Counsel. So we don't make changes to the Medicaid  
6097 benefits related to other mental health requirements. It is  
6098 this narrow population that receives their Medicaid coverage  
6099 through an alternative benefit plan.

6100 Ms. DeGette. Would the gentleman yield? Would the  
6101 gentleman yield?

6102 The Chairman. No, actually I heard you, but I have  
6103 another question. So under the Patient and State Stability  
6104 Fund, could states use those funds to also help provide  
6105 mental health and substance abuse assistance to people that  
6106 are Medicaid eligible?

6107 The. Counsel. So Chairman, under the Patient and State  
6108 Stability Fund, one of the uses of funds is to promote access  
6109 to preventive services, dental care services, or any  
6110 combination of such services as well as mental health and  
6111 substance use disorders. So that is one use of funds for the  
6112 Patient and State Stability Fund.

6113 The Chairman. And could you, counsel, could you turn to  
6114 page 47, and I want to draw your attention to line 8 of  
6115 Section 5. Could you read that for me and for our members

6116 and describe what that section means?

6117 The. Counsel. So page 47 line 8, this is one of the  
6118 uses for the Patient and State Stability Fund. \$100 billion  
6119 is provided over 10 years in state grants. One potential use  
6120 of funds under paragraph 5 is for prevention, treatment, or  
6121 recovery support services for individuals with mental or  
6122 substance use disorders, or any combination of such services.

6123 The Chairman. So there is \$100 billion the federal  
6124 government would put out to states that they could use for  
6125 exactly these very important services to our citizens.

6126 The. Counsel. Yes, so those services would be one use  
6127 of funds.

6128 The Chairman. That is a possibility for that use. They  
6129 could also buy down premiums, they could buy down deductibles  
6130 whatever their market needs, whatever their states need,  
6131 whatever their patients really need most. Local, state  
6132 decision makers, our governors, our state legislators could  
6133 make those decisions on how these funds could be spent within  
6134 the context of the allowable expenditures, yes?

6135 The. Counsel. That is correct.

6136 The Chairman. My time has expired. Are there others  
6137 seeking recognition?

6138 Mr. Loeb sack. Mr. Chair, will you give for a question?

6139 The Chairman. I am out of time, my time expired. I  
6140 would now yield to the gentleman from Iowa --

6141 Mr. Loeb sack. I will move to strike the last word.

6142 The Chairman. -- 5 minutes to strike the last word.

6143 Mr. Loeb sack. Thank you, Mr. Chair. Since the debate  
6144 about how to improve our nation's healthcare system began, as  
6145 I said earlier my number one priority has been to ensure all  
6146 Iowans, in fact all Americans have the ability to access  
6147 quality, affordable care and the ability to provide for the  
6148 families' ability to access, not just access.

6149 That is very important in this debate, folks. This  
6150 Republican repeal legislation simply undermines that goal.  
6151 Instead of moving our nation forward, covering more Americans  
6152 with quality healthcare for less, this legislation is a step  
6153 backwards. It puts the health care of Iowans and I believe  
6154 all Americans at risk. It would make deep cuts to Medicaid  
6155 covering fewer vulnerable individuals. It would strip  
6156 benefits covered under Medicaid expansion including some of  
6157 the most basic and often lifesaving services including  
6158 emergency services, newborn and maternal care, mental health  
6159 services, and critical pediatric services.

6160 How can we go back to our districts and meet with  
6161 constituents who have gained healthcare coverage because of

6162 the ACA and tell them they will be losing that care? We are  
6163 told this legislation would cover more people for less when  
6164 in reality it will do the opposite. Over 40,000 individuals  
6165 in Iowa alone who are covered through the ACA's Medicaid  
6166 expansion would now stand to lose their coverage.

6167 We should be working for these folks, for the  
6168 hardworking families working to make ends meet and provide  
6169 healthcare coverage for their families. Instead, this  
6170 legislation would drive up the cost of healthcare coverage  
6171 making it inaccessible to many Americans.

6172 I think we need to start focusing on what matters. We  
6173 need to focus on jobs. We need to focus on expanding rural  
6174 broadband which has a healthcare component to it. We need to  
6175 increase rural healthcare access or any of the other issues  
6176 that really matter to Iowa families and to all Americans. I  
6177 do remain committed to making improvements to the ACA. I  
6178 voted for some of those improvements in the past. But this  
6179 bill is not going to go in that direction, it will go in the  
6180 opposite direction.

6181 And one last point on rural areas. I represent a rural  
6182 part of America and I am proud to represent that part of  
6183 America, but I am concerned that this legislation does little  
6184 to nothing to help those in rural areas. We must ensure that

6185 our nation's healthcare policy works for all Americans. Too  
6186 often we see folks in rural areas, including much of the  
6187 state of Iowa, denied access to quality medical services.  
6188 With nearly one in five uninsured Americans living in rural  
6189 America, it is imperative that any policy put forth  
6190 positively affects rural America.

6191 A few weeks ago when I was home over the weekend I  
6192 visited a number of rural hospitals and I asked them how they  
6193 anticipate the ACA is going to affect them. The fact of the  
6194 matter it is going to affect them very negatively because  
6195 over the years since the ACA they have been able to reduce  
6196 the amount of charity care that they have to accept. And  
6197 this is going to be a problem because it will affect their  
6198 bottom lines and ultimately it is going to affect the  
6199 availability of health care in these hospitals for those  
6200 folks in my part of the world in that part of Iowa and those  
6201 rural parts of Iowa.

6202 What I have got, if I may, Mr. Chairman, with unanimous  
6203 consent I will request that I put into the record a statement  
6204 from the Iowa Hospital Association.

6205 The Chairman. Without objection.

6206 [The information follows:]

6207

6208

\*\*\*\*\*COMMITTEE INSERT 9\*\*\*\*\*

6209 Mr. Loeb sack. Thank you. And I am just going to read a  
6210 couple parts of that very quickly. The title is ACA  
6211 Replacement Would Be Harmful to Iowans, and basically what  
6212 they are saying here is Americans are getting their first  
6213 close look at a congressional proposal to replace the federal  
6214 Affordable Care Act, also known as Obamacare.

6215 There is a lot to pore over, but the first and most  
6216 overriding concern from the hospital perspective is that  
6217 access to health care through safety net providers does not  
6218 equal coverage and coverage is essential to good health, a  
6219 strong healthcare delivery system, and reduced health care  
6220 costs. This proposal threatens to both reduce coverage and  
6221 access for poor, elderly, and disabled Iowans making it a  
6222 significant step backward from the current law.

6223 There is more in here. Thank you for letting me submit  
6224 it to the record. I am going to yield now to my friend Mr.  
6225 Doyle from Pennsylvania.

6226 Mr. Doyle. Thank you very much. Mr. Chairman, when you  
6227 talk about optional services currently offered by Medicaid --  
6228 I am quoting from a letter from our governor of Pennsylvania  
6229 -- the American Health Care Act would cripple Pennsylvania's  
6230 ability to cover optional services currently offered by  
6231 Medicaid like prescription drug coverage and inpatient

6232 psychiatric care for individuals under the age of 21. It  
6233 would force us to try and regulate out-of-state health  
6234 insurance companies, removing all consumer protections we  
6235 have worked so hard to put in place as health insurance  
6236 companies have become bigger and more focused on their bottom  
6237 line. It would reverse years of progress made on health  
6238 innovation, improved health outcomes, and quality of care.

6239 I want to submit this letter in its entirety that  
6240 Governor Wolf has written to the Pennsylvania delegation for  
6241 the record.

6242 The Chairman. Of course. I actually thought we had  
6243 but, without objection.

6244 [The information follows:]

6245

6246 \*\*\*\*\*COMMITTEE INSERT 10\*\*\*\*\*

6247 Mr. Doyle. Thank you very much. I yield back.

6248 The Chairman. The gentleman yields back, the gentleman  
6249 yields back. Are there other members seeking recognition to  
6250 strike the last --

6251 Mr. Kennedy. Mr. Chairman, I have an inquiry for  
6252 counsel.

6253 The Chairman. Let me see. The gentleman --

6254 Mr. Kennedy. Inquiry for counsel.

6255 The Chairman. No, I know, but did Mr. Schrader want to  
6256 strike the last word? I am trying to go in seniority order.

6257 Mr. Kennedy. Understood, sir.

6258 The Chairman. So I would recognize my colleague from  
6259 Oregon, Mr. Schrader, to strike the last word for 5 minutes.

6260 Mr. Schrader. Thank you, Mr. Chairman. I appreciate it  
6261 very much. I want to set the record straight a little bit.  
6262 I think that is important as we go through a long hearing  
6263 like this that first and foremost the election was no mandate  
6264 on the ACA. The ACA is more popular now than it has been for  
6265 many years.

6266 I also want to correct the record. Someone keeps  
6267 holding this as the ACA. This is the ACA, man, two volumes.  
6268 Maybe a guy only read half of it, I get that and that may be  
6269 a problem, but as you notice, we have 123 pages we are

6270 looking at right now. Is the ACA that is so horrible it is  
6271 undoing America as we know it? They are keeping a heck of a  
6272 lot of it, folks, because it is good legislation, it was a  
6273 good piece of work.

6274 So let's get honest about what is going here, and  
6275 frankly it did reduce the deficit. I get tired of hearing  
6276 this mythology about it adding to the deficit. It was fully  
6277 paid for. Unlike this bill it was fully paid for. Reduce  
6278 the deficit by \$350 billion over the 10-year time frame,  
6279 maybe a trillion dollars going forward. That is good  
6280 legislation. Better health care, better quality health care,  
6281 reduce the deficit. That is why we need to have this darn  
6282 CBO score. How can you push this bill without understanding  
6283 what is going on?

6284 The other thing I would like to bring out is most of the  
6285 comments that I am hearing, almost all, from the other side  
6286 is problems with the individual market. I get that. You  
6287 know, some people are facing higher premiums, higher  
6288 deductibles, but for the first time ever, a lot of people are  
6289 getting health care, getting health care in that market.

6290 And that individual market we are all getting excited  
6291 about, that is five percent of the health care delivery in  
6292 this country, folks. Small group market is robust; the big

6293 group market is robust; employer-based health care is robust.  
6294 I mean, let's be aware of what we are actually talking about,  
6295 how big of a volume it actually is.

6296 What does it do? What does this bill actually do? It  
6297 gradually shifts costs of Medicaid to the states and to the  
6298 individuals. That is undeniable. And the states, how many  
6299 of your guys' states can afford that? Not too many, they are  
6300 struggling now even with the 90 percent return. My state is  
6301 hopefully going to make it at the end of the day. They have  
6302 done it before.

6303 But these individuals can't afford, the term Medicaid by  
6304 definition, they can't afford to even with a subsidy to  
6305 afford health insurance, for goodness' sakes. It defunds the  
6306 preventive services fund. It is great to say you can get  
6307 preventive services, not if there is not any money to provide  
6308 them. It is optional now.

6309 The high risk pools, the high risk pool is going to take  
6310 care of all these high cost patients, the money in that is de  
6311 minimis. And it goes what, over 9 years, who picks up the  
6312 tab? Oh, 50 percent goes to the states. And how affordable  
6313 are high risk pools? The deductibles can be \$25,000. People  
6314 aren't going to be able to get health care.

6315 So you can say all you want about it allows this or it

6316 allows that; if it unaffordable Americans don't get health  
6317 care. And who pays for that? We do through our premiums,  
6318 uncompensated care, or we go back to the same horrible health  
6319 care system we had before that is inefficient and costs us  
6320 more going forward. Where is the money to do these things in  
6321 this bill? Where is the money? Where is the beef? There is  
6322 nothing here. They repeal all the revenues. Where are you  
6323 going to get that 100 billion-plus for your stability fund?  
6324 How are you going to afford these refundable tax credits? I  
6325 don't see it. I just don't see it.

6326           The end result is that a fully funded Affordable Care  
6327 Act is being replaced by an unsustainable federal program  
6328 that CBO cannot score that will cause insurers to leave the  
6329 market because of the guaranteed issue-ish deal with no money  
6330 to sustain the refundable tax credits or the high risk pools.  
6331 So states and individuals are going to have to drop out, drop  
6332 coverage and as I said we are all going to pay for that.

6333           The very things everyone likes to cheer about that is a  
6334 waste of money we don't want in our health care, like  
6335 essential benefits and prevention and the middle tiers, those  
6336 are the very things that give us better health. That should  
6337 be our focus. Over the long term, yeah, maybe short term my  
6338 premium goes up because of those things, but I know my kid

6339 and my grandkids are going to get better health care early on  
6340 so they cost us less going forward.

6341 That is what drives down healthcare costs. All those  
6342 social interventions are a huge plus and we are throwing them  
6343 out right now. I think this is not a good way to go forward,  
6344 Mr. Chairman. I would like to fix it --

6345 Ms. DeGette. Will the gentleman yield?

6346 Mr. Schrader. -- not just replace. Thank you, Mr.  
6347 Chairman.

6348 Ms. DeGette. Will the gentleman yield?

6349 Mr. Schrader. I yield, yes, to Ms. DeGette.

6350 Ms. DeGette. I just want to point out with these  
6351 alternative benefit plans that counsel said were very narrow  
6352 there is 11 million people on the Medicaid expansion, folks,  
6353 and it is in 31 states including in most of our states. And  
6354 those states will not have to offer mental health coverage to  
6355 the people, to the 11 million people who are on the Medicaid  
6356 expansion. Let's not sugarcoat this, folks. Eleven million  
6357 people who now get mental health coverage may not get it.

6358 Thank you for yielding, and I yield back.

6359 The Chairman. The gentleman's time has expired. Are  
6360 there other members seeking to strike the last word? The  
6361 gentleman from Massachusetts recognized to strike the last

6362 word.

6363 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman,  
6364 just building off of what Ms. DeGette just said and that 11  
6365 million -- I have got a chart here. I know we are trying to  
6366 put it up on the screen. But in case it is not available to  
6367 or able to, in Ohio that comes down to 151,000 people with  
6368 mental illness and substance use disorder that are in the  
6369 Medicaid expansion, 151,000.

6370 In Pennsylvania nearly 81,000, in West Virginia over  
6371 200,000 people. So we can say that is a small number --  
6372 200,000 in West Virginia, 81,000 in Pennsylvania, and you  
6373 will see other numbers up there on the screen.

6374 [Chart.]

6375 Mr. Kennedy. That is what is at stake, and I would  
6376 imagine that for those 200,000 people in West Virginia that  
6377 is not a small issue for them.

6378 And so here is the takeaway that we need to make crystal  
6379 clear as we move forward that if we continue with this markup  
6380 out-of-pocket healthcare costs will rise for most American  
6381 families and leave many others with no coverage at all. More  
6382 money out of your paycheck every month to meet medical bills,  
6383 more dollars siphoned away from the mortgage or tuition or  
6384 retirement account to meet a rising price tag of premiums and

6385 copays and deductibles.

6386           The last thing our system needs are those reforms  
6387 because despite the tremendous gains made by the ACA, not  
6388 just in extending coverage but reducing costs, the reality is  
6389 that health care in this country is still too expensive for  
6390 many Americans and I concede that. Democrats hear and  
6391 understand this. We believe no one should have to mortgage  
6392 away their future or their kids' future just to get the basic  
6393 care that they need and we are committed deeply to strengthen  
6394 the ACA to make good on the promise of affordable health care  
6395 for all.

6396           But rather than work with us to find a way to bring  
6397 costs down, our Republican colleagues have moved forward with  
6398 a bill that eviscerates what financial assistance and  
6399 protection was there for working and middle class families  
6400 and repurposes as tax cuts for the wealthy. And they swing  
6401 hardest at the people who can least afford it, the elderly,  
6402 the sick, the families in rural communities in need in public  
6403 assistance, the folks that don't have endless savings  
6404 accounts or reliable support systems in place when they are  
6405 hit with a bad illness, a bad accident, or bad luck. For  
6406 these people access to affordable health care isn't some  
6407 political talking point, it can be the difference, literally,

6408 between life and death. The Republican appeal plan leaves  
6409 those families and communities in the dust.

6410 According to the Cato Institute, for anyone earning less  
6411 than \$29,700 a year, costs would rise by over \$4,000, \$4,000  
6412 out of less than 30. Medicaid beneficiaries will be pushed  
6413 out of coverage. Seniors will watch their premiums skyrocket  
6414 from one year to the next. Americans of all incomes, ages,  
6415 backgrounds, and congressional districts will learn the  
6416 painful lesson of what it means to be underinsured.

6417 It means that even if you keep up with your premiums,  
6418 even if you are setting aside money with each paycheck, even  
6419 if you live a healthy life, one car crash, one broken bone,  
6420 one unexpected battle with addiction could put you on a path  
6421 towards bankruptcy.

6422 In the 7 years before the ACA was implemented, our  
6423 nation's underinsured rate nearly doubled. In the 7 years  
6424 since, it has stabilized. We should be debating bills that  
6425 continue this trend. Instead, conservative and liberal  
6426 healthcare experts have said that this bill will only make it  
6427 worse. President Trump, Speaker Ryan, and countless other  
6428 leaders in the Republican Party have looked at the American  
6429 public in the eye and said we will promise to, quote, cover  
6430 anyone with something that is, quote, less expensive and,

6431 quote, that is much better.

6432 So let's put a human face on those promises and think  
6433 about the people and the families that those costs will hit  
6434 hardest: patients who face chronic illnesses that never truly  
6435 retreat as well as seniors and individuals with disabilities  
6436 that require long-term care.

6437 People like Jen Fox, a member of my team who is sitting  
6438 in the gallery right now who was diagnosed with Hodgkin's  
6439 lymphoma at the age of 19 received treatment thanks to the  
6440 ACA only to be diagnosed again the day after her 21st  
6441 birthday. Although she has now beat cancer twice, she will  
6442 need costly follow-up tests and treatment for the rest of her  
6443 life.

6444 People like Pamela, a constituent of mine from Newton,  
6445 Massachusetts, who suffers from mental illness and receives  
6446 care thanks to Medicaid. Once again, even though she has  
6447 made impressive strides toward a healthy future, being able  
6448 to afford stays in treatment centers is critical to her  
6449 continued recovery.

6450 People like the sons and daughter and mothers and  
6451 fathers and neighbors and friends at every corner of our  
6452 country that are battling substance use disorders in the  
6453 midst of a devastating opioid epidemic that has left no

6454 community across this country unharmed, or any of the 508,000  
6455 million seniors living in states represented by this  
6456 committee whose long-term care is at risk because of Medicare  
6457 reforms proposed in this bill, 5.8 million people that we on  
6458 this committee represent who are at risk.

6459 For all of those Americans and the families that love  
6460 them, the guaranteed coverage for a preexisting condition is  
6461 an empty promise if unaffordable deductibles and copays move  
6462 continued treatment out of care and out of reach. Instead of  
6463 opening tax loopholes for insurance companies and their CEOs,  
6464 we should be holding these companies and CEOs accountable to  
6465 the parity laws that ensure substance use disorder and mental  
6466 illness are covered just as seriously and thoroughly as  
6467 physical care are.

6468 And when my Republican colleagues are so serious about  
6469 building consensus around a healthcare replacement bill that  
6470 actually increases care at lower cost and higher quality we  
6471 will sit down and negotiate. I yield back.

6472 The Chairman. The gentleman's time has expired. The  
6473 chair recognizes the gentleman from New Jersey, Mr. Lance.  
6474 Your mike needs to be on there, Mr. Lance.

6475 Mr. Lance. Thank you. And, Mr. Chairman, I yield to  
6476 Mr. Scalise.

6477           The Chairman. The gentleman is recognized for 5  
6478 minutes. He yields to Mr. Scalise for 5 minutes to strike  
6479 the last word.

6480           Mr. Scalise. Thank you, Mr. Chairman. And I appreciate  
6481 this conversation, but I guess some people have forgotten the  
6482 reality of what has happened in the last 7 years. Insurance  
6483 premiums have skyrocketed. People that look at this bill,  
6484 most of them recognize when you free people up to make their  
6485 own choices in health care of course costs are going to go  
6486 down.

6487           Because unlike the bureaucrats in Washington, elitists,  
6488 when we saw some of these hearings with Secretary Sebelius  
6489 years ago, when I presented her case after case of  
6490 constituents of mine who liked what they had and wanted to  
6491 keep it and yet were losing their plans and I asked Secretary  
6492 Sebelius there, under oath, and I said, what would you tell  
6493 that family that just lost their plan, and she said oh, well,  
6494 they must have had a lousy insurance policy.

6495           Well, first of all, they didn't think it was a lousy  
6496 insurance policy. They liked their insurance and they were  
6497 promised by her they were going to be able to keep it. And  
6498 when I told her that she said, oh, don't worry, you can go to  
6499 the Obamacare website and find a better plan. And during the

6500 hearing I went to the Obamacare website and the site was down  
6501 because it didn't even work after over \$500 million of  
6502 taxpayer money. Let's not forget those facts. That is what  
6503 is happening in healthcare. People are paying more.

6504 Let me read you from some of my many constituents who  
6505 have shared their story with me, real stories about not what  
6506 is going to happen tomorrow, not what is going to happen next  
6507 year, what is happening now. I will start with Pamela from  
6508 Mandeville. My premium went up from 986 per month --

6509 Mr. Tonko. Mr. Chairman.

6510 Mr. Scalise. -- with a \$4,500 deductible to \$,346 per  
6511 month. This plan is required to have maternity and pediatric  
6512 vision. She is 57 years old. I am so frustrated. I just  
6513 can't afford this anymore. This is as much as my mortgage  
6514 payment. Ida said, I am on my fourth carrier. My copays  
6515 have gone up and so have my premiums. I lost my doctor the  
6516 first year. Where was that promise that was made to her by  
6517 the way? And I have to drive to a different city to do blood  
6518 tests. Here is another.

6519 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

6520 Mr. Scalise. Our health insurance premiums have gone up  
6521 more than a thousand dollars per month --

6522 Mr. Tonko. Mr. Chairman.

6523 Mr. Scalise. -- while out-of-pocket deductibles have  
6524 skyrocketed. Our premium of our family of four is more than  
6525 our mortgage. We were not financially able to keep our  
6526 health care, so for the first time in my life I am without  
6527 health insurance. We are now forced to pay a fine because we  
6528 cannot afford this astronomical premium. That is Christy  
6529 from Slidell. These are real people.

6530 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

6531 Mr. Scalise. And you are not going to interrupt the  
6532 reading of these real people because they are fed up with  
6533 this law.

6534 So when you talk about higher costs, these are the  
6535 higher costs people are paying today. When President Trump  
6536 said I am going to rescue you from the failures, these are  
6537 the failures. Let me read you Richard from Abita Springs. I  
6538 am a veteran and Medicare. My wife, at age, and he says I  
6539 will probably be in trouble for telling you, is 63 years old,  
6540 had good insurance with a \$50 deductible, full coverage for  
6541 \$375 a month.

6542 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

6543 Mr. Scalise. The next year, Obamacare made the new  
6544 policy jump to \$789 a month with maternity and child care,  
6545 and a \$6,500 deductible. This is a 63 year old veteran. The

6546 next year, the insurance company pulled that policy and  
6547 wanted to raise everything again with a different policy with  
6548 a larger doctor visit copay.

6549 Let's look at the math. Here is a reality check. Do  
6550 you want to talk about higher premiums? I sure do, because  
6551 these are the higher premiums people are paying today because  
6552 of Obamacare. Look at Arizona, over a hundred percent  
6553 increase, the state of Alabama, 58 percent increase,  
6554 Tennessee, 63 percent. This is what families are paying  
6555 today in increased costs of health care because of the  
6556 unworkable mandates and taxes in Obamacare. So yes, we are  
6557 bringing a bill to provide relief so that we can actually  
6558 lower costs.

6559 [Slides.]

6560 Mr. Scalise. Now let's talk about choices. We can go  
6561 to the next slide. On the next slide we are going to see  
6562 just what is happening to families in terms of their choices  
6563 for health care. We are hearing all across the country of  
6564 fewer and fewer choices in many places, most parishes and  
6565 counties across the country where we are seeing a growing  
6566 trend of only one provider in those states.

6567 One provider means a monopoly and you wonder why costs  
6568 are going up, because there are fewer and fewer choices for

6569 families out there. Costs are skyrocketing, deductibles are  
6570 going through the roof, and families are losing care that  
6571 they had that they liked. This law doesn't work for  
6572 families. Our bill actually puts patients back in charge of  
6573 their choices. If you don't trust families to make those  
6574 decisions I can see why you would oppose our bill, but for  
6575 everybody else that wants to actually be in charge of their  
6576 healthcare decisions again, who is smarter than unelected  
6577 bureaucrats in Washington and who are ready to have that  
6578 freedom that we are going to give them, give them a shot  
6579 because look at what is happening --

6580 The Chairman. The gentleman's time --

6581 Mr. Scalise. -- right now to the marketplace because  
6582 of the failures of Obamacare, let's provide that relief and  
6583 get on with it.

6584 The Chairman. The gentleman's time has expired.

6585 Mr. Scalise. I yield back the balance of my time.

6586 The Chairman. The gentleman's time has expired.

6587 Mr. Tonko. Mr. Chairman.

6588 The Chairman. Are there other members seeking  
6589 recognition to strike the last word?

6590 Mr. Tonko. Parliamentary inquiry.

6591 The Chairman. The gentleman will state his inquiry.

6592 Mr. Tonko. Are we currently debating the amendment in  
6593 nature of a substitute to the Republican repeal plan or are  
6594 we addressing the Affordable Care Act?

6595 The Chairman. We are addressing the amendment in the  
6596 nature of a substitute. Yes, sir.

6597 Mr. Tonko. Well, thank you for that clarification. It  
6598 was difficult to tell as members seek to clarify or --

6599 The Chairman. Do you have another --

6600 Mr. Tonko. -- to discuss --

6601 The Chairman. The gentleman will suspend.

6602 Mr. Tonko. -- significant portions of your bill.

6603 The Chairman. Do you have a parliamentary inquiry?

6604 Mr. Tonko. I wanted to know what we are debating here  
6605 today of this bill.

6606 The Chairman. Yes, sir. I answered that.

6607 Mr. Tonko. And it seems as though we are not addressing  
6608 the bill before us, the amendment before us, and people seem  
6609 to deny the opportunity to discuss various specific portions  
6610 of your bill.

6611 The Chairman. The gentleman's inquiry has been  
6612 responded to. Are there other members seeking recognition?  
6613 The chair recognizes the gentleman from California for  
6614 purposes of a 5-minute opening, or to strike the last word.

6615 Mr. Cardenas. Thank you very much, Mr. Chairman.  
6616 During my 5 minutes I would also like to submit for the  
6617 record Jen's story that was explained by Congressman Kennedy.  
6618 The Chairman. Without objection.  
6619 [The information follows:]  
6620  
6621 \*\*\*\*\*COMMITTEE INSERT 11\*\*\*\*\*

6622 Mr. Cardenas. Thank you so much. My first question is  
6623 to the legal team up front that has been answering some  
6624 questions for us. Can you please go to page 46 and please  
6625 read line 8 and 9?

6626 The. Counsel. The state may use the funds allocated to  
6627 the state under this title for any of the following purposes.

6628 Mr. Cardenas. Okay. The word may jumps out at me. The  
6629 third word in that sentence says a state may. Can you please  
6630 explain in lawmaking terms the difference between may and  
6631 shall? So in other words if that sentence had the word shall  
6632 to replace the word may, what is the difference?

6633 The. Counsel. Requirement versus an option.

6634 Mr. Cardenas. Exactly. Thank you very much.

6635 The reason why I wanted to point that out is because  
6636 when you look at the page that was covered a little earlier,  
6637 page 47, it was explained that on line 8 and 9 it says,  
6638 promoting access to preventive services, dental care  
6639 services, et cetera, and it goes through a list. And then I  
6640 think it was the chairman that pointed out that there would  
6641 be \$100 billion that would be made available to the states so  
6642 they could go ahead and they may choose to provide services  
6643 that under the Affordable Care Act are required to be  
6644 provided.

6645           And I think it was Ms. DeGette or one of my colleagues  
6646           that pointed out that there are about 11 million people in  
6647           Medicaid expansion. Was that you, Ms. DeGette? I would like  
6648           to yield time to Ms. DeGette to tell me if there is any  
6649           relevancy or irrelevancy to that \$100 billion pot given to  
6650           the states and having 11 million people who have been  
6651           afforded the opportunity to have health care through Medicaid  
6652           expansion.

6653           Ms. DeGette, I thank the gentleman for yielding. And  
6654           the issue is if you have a small pot of money that you are  
6655           giving to the 31 states who have accepted the Medicaid  
6656           expansion and if you have 11 million people who are in that  
6657           as Mr. Doyle accurately pointed out, governors are simply not  
6658           going to be able to give all of the benefits to those 11  
6659           million people that they are now required to get under the  
6660           Affordable Care Act.

6661           And I should note the Medicaid expansion that expansion  
6662           is being given to people who are just above the poverty level  
6663           so it is not like they have lots of money in their pockets to  
6664           go out and buy insurance policies on the individual market.  
6665           And it is not like those people have employers who are  
6666           willing to give them insurance through their employer. Those  
6667           people are just basically stuck with what they get, but they

6668 are the ones who need robust benefits.

6669 I thank the gentleman for asking that question because I  
6670 am deeply concerned about it as I know he is, and I yield  
6671 back.

6672 Mr. Cardenas. Thank you very much, Ms. DeGette. It is  
6673 woefully obvious even to people who are not lawmakers who are  
6674 the general public who are being hoodwinked by this bill,  
6675 \$100 billion to address the needs of people, there might be  
6676 as many as 11 million people across 31 states, is just a  
6677 paltry amount of money.

6678 And again I say very respectfully that is hoodwinking  
6679 the public into thinking that \$100 billion will actually  
6680 provide the kind of health care and access that Americans  
6681 deserve and that have today and they deserve to continue that  
6682 kind of coverage.

6683 At this time I don't even know where to start, but I am  
6684 going to give Ms. Castor the balance of my time.

6685 Ms. Castor. Well, thank you, Mr. Cardenas. There are  
6686 so many questions and this is why it is important to have  
6687 hearings before you head right into a markup after you have a  
6688 bill that comes out less than 48 hours ago.

6689 And one of the questions is based on the analysis that I  
6690 have seen, the Republican bill shortens the life of the

6691 Medicare trust fund. Remember that under the ACA and  
6692 according to the Medicare trustees' report of 2016, we  
6693 extended the life of Medicare by 11 years. Now this bill  
6694 appears to hasten the insolvency of Medicare by 4 years.

6695 I want to know, counsel, what information is in the  
6696 record? Is that in the ballpark, Medicare now insolvent 4  
6697 years earlier? Is there information in the record on this?

6698 The. Counsel. What analysis are you referencing?

6699 Ms. Castor. There are a number of budget expert  
6700 analyses now. Many people have had an opportunity now to --

6701 The Chairman. The gentlelady's time has expired. Are  
6702 there other members seeking recognition?

6703 Ms. Castor. Can he answer the question though?

6704 The Chairman. The chair recognizes the gentleman from  
6705 Illinois.

6706 Mr. Shimkus. Thank you, Mr. Chairman. And I sat  
6707 through here all day and I appreciate the comments. I really  
6708 do have great respect for my colleagues on both sides and  
6709 this is very similar to what we went through when the  
6710 Affordable Care Act was passed. I would say that the proof  
6711 will be in the product.

6712 Our side is saying based upon the letters we received or  
6713 that Obamacare is in a death spiral and it has failed. That

6714 is our position and we do that because there is 25 percent  
6715 average increase in premiums this year. Nearly one-third of  
6716 all U.S. counties have only one insurer offering a plan; 4.7  
6717 million Americans were kicked off their healthcare plan that  
6718 they liked; \$1 trillion in new taxes mostly falling on  
6719 families and job creators was part of that law.

6720 There have been 18 failed Obamacare CO-OPs out of 23 and  
6721 the CO-OPs were established as an alternative to the  
6722 insurance markets to keep prices down, but they couldn't even  
6723 -- a CO-OP is a not-for-profit -- they couldn't sustain  
6724 themselves, \$53 billion in new regulations requiring more  
6725 than 176,800,000 hours of paperwork, and then as my good  
6726 friend and other colleagues have read, you know, we have the  
6727 letters too.

6728 Dated from Highland, I am now paying 990 for the Bronze  
6729 plan that covers my entire family which is more than I pay  
6730 for my mortgage. Before the ACA I was paying \$500 a month  
6731 with a \$1,500 deductible. Now I have a \$6,300 deductible  
6732 with a 12,600 deductible for my family. I cannot even use my  
6733 plan because of the high deductibles.

6734 So I love the comments and the words, people saying, you  
6735 are going to claim that when we pass this law our  
6736 constituents are going to pay more and get less. Well, that

6737 is what I have been saying the last 7 years under Obamacare.  
6738 My constituents right now are paying more and getting less  
6739 coverage.

6740 So as when we went over to vote and walked back again  
6741 with my friends, I think we believe this product will work.  
6742 We believe that once passed you are going to empower the  
6743 individual market, you are going to be able to have choice.  
6744 Consumers are going to have to access it. They are not going  
6745 to be constrained by four basic plans and policies.

6746 Now we are going to stake our votes and our majority  
6747 that it will work. You all did your staking on Obamacare  
6748 which failed. Politically, you lost the majority of the  
6749 House, you lost the majority of the Senate, you lost the  
6750 presidency, and I think that part of that was the failure of  
6751 Obamacare.

6752 So as we move this forward, we all know that we are on  
6753 the hook. And we believe in markets, we believe in  
6754 competition, we believe in transparency, and we believe that  
6755 this will drive lower costs and prices and all of our  
6756 citizens on either side of the Hill, on the aisle, we will  
6757 all benefit from this.

6758 The Chairman. And I need to just let the gentleman know  
6759 we failed to start the clock at the right time so you have

6760 about 20 seconds left.

6761 Mr. Shimkus. I yield back the balance of my time.

6762 The Chairman. Thank you. Yes, we are trying to keep  
6763 everything fair here between the two and we forgot on that  
6764 one. So are there other members seeking recognition? The  
6765 gentleman from California is recognized for 5 minutes to  
6766 strike the last word.

6767 Mr. Ruiz. Thank you. I am disheartened that this bill  
6768 will cause millions of people to lose their health insurance  
6769 and therefore lose their care and medicines. Let's focus on  
6770 Medicaid for now. Medicaid is critical for senior nursing  
6771 home care, for children with disabilities, and families who  
6772 work hard yet struggle to live paycheck to paycheck. This  
6773 bill caps Medicaid payments to ration care per enrollees.

6774 Let me break this down. States will get a certain  
6775 amount of money regardless of the actual cost it takes to  
6776 care for patients. Healthcare costs and medical inflation  
6777 will continue to rise out of control and the Medicaid federal  
6778 block grant payments will not be enough and less so over  
6779 time. We know that costs will get passed on to states,  
6780 providers, and patients who already are overburdened.

6781 States will have the so-called flexibility and  
6782 empowerment to cut eligibility requirements, cut what type of

6783 care they will pay for, yes, like mental health or even  
6784 cancer treatments, and cut payments that hospitals, doctors,  
6785 and clinics need to care for their patients. That is why the  
6786 American Medical Association, the National Physician Alliance  
6787 oppose the bill. That is why the American Hospital  
6788 Association and Federation of American Hospitals cannot  
6789 support the bill.

6790         Simply put, there will be millions more uninsured,  
6791 millions more in uncompensated care, Medicaid will cover less  
6792 needed care, and the burden of those costs will be on working  
6793 families and everyone else. And I mean everyone else who  
6794 will pay for the costs of care for the uninsured patients.

6795         You know, when I see a patient in the emergency room,  
6796 what they ask about most are am I going to be okay? Can you  
6797 help me feel better? And how much is this going to cost?  
6798 Will I be able to afford this visit, the medicine you  
6799 prescribe, and the follow-up care? The ACA helped over 20  
6800 million people have health insurance for the first time. It  
6801 helped sick people get the care they need to feel okay. It  
6802 helped hospitals and emergency departments care for more  
6803 people because uncompensated care decreased and it helped  
6804 people afford their medicine more.

6805         The ACA is not perfect. Nobody ever said it was, and we

6806 should and could improve it. This bill on the other hand  
6807 will hurt hospitals, hurt providers, and hurt patients.  
6808 Hospitals and doctors will be less able to take care of  
6809 Medicaid patients and the new millions of uninsured patients  
6810 that they will see. This bill does nothing to reduce  
6811 healthcare costs, and as a result healthcare costs will  
6812 continue to rise out of control and so will premiums and  
6813 deductibles for everyone.

6814 This bill does nothing to reduce the cost of medicine.  
6815 Instead it gives tax breaks to corporations. And adding  
6816 insult to injuries creates a sick tax penalty for working  
6817 families who get sick, lose their jobs and their insurance  
6818 through maybe no fault of their own, and use that penalty as  
6819 payment to insurance companies. This bill will make working  
6820 families, middle class, and vulnerable populations pay more  
6821 and it will help millionaires pay less.

6822 This is grossly unfair. This is a violation of our  
6823 American value of fairness. Let's not misdiagnose the  
6824 problem. Let's not make seniors pay more. Let's not make  
6825 families who live check by check pay more. There are ways to  
6826 help reduce premiums and deductibles and still protect  
6827 coverage for care for everyone. Yes, even people with  
6828 preexisting illnesses. Yes, even the sick who visit the

6829 emergency departments.

6830 Here are some solutions. To reduce healthcare costs for  
6831 everyone we need to help insure more people, not uninsured  
6832 millions. To reduce healthcare costs and premiums for  
6833 everyone we need to help reduce the cost of pharmaceutical  
6834 drugs and allow Medicare to negotiate drug prices with  
6835 pharmaceutical drug companies. To reduce healthcare costs  
6836 and premiums for everyone let's work on getting more people  
6837 in the exchanges so the risk pool improves, not sabotage the  
6838 exchanges to hurt patients for political gain like  
6839 Republicans have done relentlessly even before the exchanges  
6840 were even set up.

6841 This bill doesn't help people. This bill does the  
6842 opposite. This bill will harm millions of people. This bill  
6843 will make millions lose their health insurance and make  
6844 millions who have insurance pay more and get less coverage  
6845 and less care while giving tax breaks to corporations.

6846 At this point I will yield my time to Mr. Tonko from New  
6847 York.

6848 Mr. Tonko. Thank you. Mr. Chair, earlier you stated  
6849 that this bill does nothing to eliminate the essential health  
6850 benefits in the marketplace. That sounds good. It seems to  
6851 go against the Republican rhetoric about government mandated

6852 benefits. So my question for you is will you pledge to the  
6853 American people to not eliminate or reduce the essential  
6854 health benefits in the marketplace as we move forward with  
6855 this legislation?

6856 Mr. Barton. [Presiding.] I would tell my friend I am  
6857 not the chairman. If I were I would say -- well, I won't say  
6858 what I will say. I would just say I am not the chairman. I  
6859 cannot answer that question for him.

6860 Mr. Tonko. Can you get an answer to our question?

6861 Mr. Barton. I will attempt it. But the gentleman's  
6862 time has expired. Does anybody on the majority side seek  
6863 recognition? For what reason does the gentleman from Florida  
6864 seek recognition?

6865 Mr. Bilirakis. Strike the last word, Mr. Chairman.

6866 Mr. Barton. The gentleman is recognized for 5 minutes.

6867 Mr. Bilirakis. Thank you, Mr. Chairman. And I want to  
6868 thank Chairman Walden for his fairness and his patience. He  
6869 has given everybody an opportunity to speak and I appreciate  
6870 that so very much, and I know you will be fair as well, Mr.  
6871 Vice Chair.

6872 I would like to take an opportunity to bring up a few  
6873 examples of exactly how the Affordable Care Act has  
6874 negatively impacted my constituents. A small business owner

6875 in Dade City, Florida, told me about the problems the  
6876 Affordable Care Act has caused for her family-owned pest  
6877 control company. The company has been in her family for 35  
6878 years and now they are struggling, Mr. Chairman.

6879 Running her business day to day, making her bottom line  
6880 became extremely difficult under the ACA. Providing her  
6881 hardworking employees with insurance not only became more  
6882 expensive, but it became more and more time consuming. And  
6883 she wants to provide the insurance, but the employer mandate  
6884 is not working. It is putting people out of business and she  
6885 has to lay off employees and it is a real shame.

6886 We should be making it easier for small businesses to  
6887 grow and exceed not harder, Mr. Chairman. And again, small  
6888 businesses, let's face it, they create the majority of the  
6889 jobs in this country; I think we can all agree on that point.  
6890 Another constituent from New Port Richey, Florida, told me  
6891 her premiums skyrocketed from \$250 a month to \$1,000 a month  
6892 under the ACA and her \$1,000 deductible more than doubled.  
6893 This follows a pattern that many of my constituents are  
6894 seeing.

6895 A husband and wife from Land O' Lakes, Florida, told me  
6896 that under the ACA their deductible has spiked, their  
6897 premiums have doubled, and they are getting less coverage.

6898 They are getting less coverage. That is not the way we want  
6899 to go. In fact their plan forces his wife to pay the full  
6900 price for medication without the benefit of a copay because  
6901 she can't meet her plan's high deductible. Before the ACA  
6902 she was able to use a copay and medication and doctors'  
6903 visits were affordable. I am not saying to go back to that  
6904 but we have a better way, a better plan.

6905 Across Florida premiums have increased by, substantially  
6906 they have increased. Seventy three percent of the counties  
6907 in Florida only have one provider under the ACA, and in Pasco  
6908 County, my congressional district, folks will only have two  
6909 options for health care by 2018. Not acceptable. The  
6910 American Health Care Act is the answer to lower costs, expand  
6911 choices, and give patients more control.

6912 This bill reflects the feedback I have heard from my  
6913 constituents over the past 8 years. With our bill we will  
6914 put in place a healthcare system that works for Florida and  
6915 the nation. Thank you, Mr. Chairman. And I don't know if  
6916 anyone wants my time. I yield back.

6917 Mr. Barton. Does the gentleman want to yield to --

6918 Mr. Bilirakis. I will yield, absolutely.

6919 Mr. Barton. Does any member wish to take Mr. Bilirakis'  
6920 last 2 minutes? Seeing none, the chair would ask if anybody

6921 on the minority side seeks recognition.

6922 Mr. Peters. Mr. Chairman, I move to strike the last  
6923 word.

6924 Mr. Barton. The gentleman from California is recognized  
6925 for 5 minutes to strike the requisite number of words.

6926 Mr. Peters. This is an undeniably terrible process and  
6927 I did get a chuckle out of what I saw on Fox News, which is  
6928 not often a source that I quote.

6929 [Slides.]

6930 Mr. Peters. I don't know if you can see this, but it  
6931 says unknown in new healthcare plan: cost and how many lose  
6932 or gain insurance. That is all we don't know is the cost and  
6933 how many gain or lose insurance. That is a pretty  
6934 significant hole in our understanding, and the justification  
6935 for this process is often that this is what happened in 2009.  
6936 That doesn't really impress me, because it turns out about 57  
6937 percent of the 115th Congress wasn't here in 2009, so we  
6938 weren't all around to have wrought that problem.

6939 And also a lot of people who on the majority side  
6940 complained about that process and said they were aggrieved by  
6941 it and they would never do it and here we are doing the same  
6942 thing. There is just no justification for this. There have  
6943 been hearings, yes, but the hearings have been about the

6944 Affordable Care Act not about the bill before us. We have  
6945 had no hearings about this bill.

6946 And the ranting and raving about the failures of  
6947 Obamacare don't logically support the notion that this  
6948 particular bill will do anything about the failings of  
6949 Obamacare whatever they may be. In fact, we would remember  
6950 that before the Affordable Care Act, or since the Affordable  
6951 Care Act was passed, the rate of increase in healthcare cost  
6952 has been slower than beforehand. And the fact is we just  
6953 have had no discussion, no hearings, no analysis of whether  
6954 this bill before us would actually address any of the  
6955 remaining issues that are left by the Affordable Care Act in  
6956 some of the markets, which we would acknowledge we want to  
6957 work on. In fact that is one of the things I had hoped that  
6958 we could do in a bipartisan manner.

6959 Now in the short time since the bill was declassified we  
6960 have learned that there are a number of opponents. These  
6961 opponents are significant players in our healthcare system.  
6962 They include the American Hospital Association, AARP, the  
6963 American Medical Association, and that is just some of the  
6964 groups that begin with the letter A. You know, there is a  
6965 whole bunch of people who want to weigh in on this and  
6966 haven't had the chance.

6967           And I will just talk about I was given the email from  
6968 the analysis of the Blue Shield of California with a couple  
6969 of things that really ought to concern us all and I think  
6970 those of us who are concerned about fiscal responsibility in  
6971 particular. I will read a couple.

6972           The tax credit as designed creates a cliff that creates  
6973 a steep penalty for work. Republicans have criticized  
6974 entitlements for creating a disincentive for work, but the  
6975 tax credit as proposed creates a severe penalty for low-  
6976 income people trying to move off of Medicaid. Enrollees who  
6977 make just enough to move out of low-cost Medicaid would  
6978 receive a tax credit that would be insufficient to purchase  
6979 comparable coverage. And this is coming from Blue Shield so  
6980 they ought to know.

6981           For many of these enrollees, the higher premium and out-  
6982 of-pocket costs would consume any additional income and  
6983 create a negative incentive to work. Is that really what we  
6984 want to do? Is that really what the majority wants to do is  
6985 in an effort to get out of entitlements trap people in this  
6986 entitlement? I don't think so. And we haven't had a chance  
6987 to talk about it.

6988           There is also analysis that the tax credit that is only  
6989 age-adjusted leads to inefficient federal spending and that

6990 it is subsidizing people who can afford to buy health care  
6991 and are buying health care without subsidy. That is  
6992 something we ought to talk about and we ought to understand.

6993 This proposal has been called Obamacare Lite because it  
6994 holds onto a number of the advantages of Obamacare: on your  
6995 parents' until age 26, lifetime caps, preexisting conditions.  
6996 I guess all those things would be accredited to Obamacare  
6997 despite the complaints about it. But if it is Obamacare Lite  
6998 I would agree it is light on a few things. It is light on  
6999 public deliberation, it is light on public fund, it is light  
7000 on funding, it is light on fiscal responsibility, it is light  
7001 on preventive care, it is light on mental health coverage,  
7002 and it is just lightweight and I think we can do better.

7003 I stand here willing and ready to work in a bipartisan  
7004 way to really address today's market conditions in a way that  
7005 would really provide more access to affordable care to all  
7006 Americans. This doesn't do the job. I would yield the rest  
7007 of my time to Mr. Cardenas.

7008 Mr. Cardenas. Thank you very much. I would like to  
7009 share quickly a story. I had a town hall meeting a couple of  
7010 weeks ago in my district and a man stood up and he said, I am  
7011 paying 25 percent more for my insurance than I was before the  
7012 Affordable Care Act. And I am like, well, that is not good.

7013 And then all of a sudden he started to explain that he had  
7014 three surgeries and four hospitalizations.

7015 And then I asked him a follow-up question. I said, sir,  
7016 before the Affordable Care Act had you gotten the three  
7017 surgeries for your cancer and four hospitalizations how much  
7018 would you have paid in deductibles? And he said, oh, they  
7019 would have taken away my house. And I said, well, how much  
7020 did you pay for those surgeries? And he said I paid 60-some  
7021 hundred dollars; that is it. And he said, I am caught up on  
7022 my bills. Otherwise, before the Affordable Care Act they  
7023 would have taken my house. I yield back.

7024 Mr. Barton. The gentleman's time has expired. Does  
7025 anybody on the majority side seek recognition? The gentleman  
7026 from North Dakota, for what purpose?

7027 Mr. Cramer. Move to strike the last word.

7028 Mr. Barton. The gentleman is recognized for 5 minutes.

7029 Mr. Cramer. Thank you, Mr. Chairman. Mr. Chairman, I  
7030 wasn't going to say anything in this round, but I think Mr.  
7031 Shimkus got a very important point. When the Affordable Care  
7032 Act or Obamacare was pitched, we were told that premiums were  
7033 going to come down for every family by \$2,500 a year, and of  
7034 course we know that that has been completely false. You  
7035 could keep your plan. That is false. Keep your doctor, all

7036 those things that we have litigated many times. And so we  
7037 are trying a different path.

7038 And I think Mr. Cardenas asked a pointed question when  
7039 he asked, what is the difference between may and shall in our  
7040 bill? It is an important question and counsel answered it  
7041 perfectly. One is a requirement; one is what you are allowed  
7042 to do. So then it comes down to that most fundamental point,  
7043 who do you trust? Do you trust your state, your governor,  
7044 the governor's appointees that oversee healthcare in your  
7045 state, the legislature, or do you trust the unelected  
7046 bureaucrat in Washington, D.C.? We tried the unelected  
7047 bureaucrat in Washington, D.C., and we saw every promise of  
7048 Obamacare, nearly every promise, broken. Now we have an  
7049 opportunity to provide flexibility. The difference between  
7050 may and shall, I believe, is flexibility.

7051 And if we want to get to the cost point, which I think  
7052 my friend from Vermont spoke to very eloquently we need to  
7053 bend the cost curve of healthcare down. Markets do that. We  
7054 tried the mandate. That didn't do it. And why would it,  
7055 when you think about it? If you mandate people have to have  
7056 something and then provide a blind check to pay for it, you  
7057 are not going to drive the cost curve down.

7058 But if you trust the consumer in the form of a patient

7059 with a tax credit to shop in a competitive marketplace, costs  
7060 have to come down to be competitive. So let's trust people.  
7061 Let's trust markets. Let's trust states as opposed to, you  
7062 know, bureaucrats in Washington, D.C., with mandates and a  
7063 blank check.

7064 I want to get to another issue and that was a statement  
7065 about that we have heard several statements about how this is  
7066 Republican plan is going to perhaps reduce Medicare and  
7067 expedite its demise. Have we forgotten that Obamacare took  
7068 \$800 billion out of Medicare as just a down payment on  
7069 Medicare, have we forgotten that? It is a fact. Listen, if  
7070 we are going to -- yes, obviously you didn't forget. So what  
7071 is going to drive the costs down is innovation, that  
7072 flexibility that we give to governors and to states.

7073 And by the way I have heard all the exaggeration of  
7074 people losing their healthcare. I have pages of people who  
7075 lost their healthcare. I have pages of testimonials from  
7076 North Dakota of people who have coverage but don't have care  
7077 because they can't afford the care that comes with their  
7078 coverage. They can't pay the deductibles, the copays, the  
7079 premiums, but technically they have care.

7080 And I will spare all the testimonials until maybe a  
7081 later time if this keeps going, but I would prefer to get to

7082 the substance of the amendment and the bill and start voting  
7083 with that. I would yield to anybody that wants to take the  
7084 last minute and a half or yield back, Mr. Chairman.

7085 Mr. Barton. Does the gentleman yield back?

7086 Mr. Cramer. I do.

7087 Mr. Barton. Is there any member on the minority? The  
7088 gentlelady from Michigan, for what reason does she seek  
7089 recognition?

7090 Mrs. Dingell. Mr. Chairman, I move to strike the last  
7091 word.

7092 Mr. Barton. The gentlelady is recognized for 5 minutes.

7093 Mrs. Dingell. Thank you, Mr. Chairman. I think a lot  
7094 of people in this room have amnesia and are remembering a  
7095 utopia that I don't remember. I worked for the auto industry  
7096 back in the time that we were passing this bill and the  
7097 reality was that the cost of healthcare was more than the  
7098 cost of steel in an automobile and people couldn't get access  
7099 to insurance. More than 60, 62 percent of the personal  
7100 bankruptcies that were happening in this country were due to  
7101 the medical costs that people had and people simply couldn't  
7102 afford insurance.

7103 And here is another reality. The average family  
7104 premiums for employer coverage grew just five percent between

7105 2010 and 2016 compared with an average of eight to ten  
7106 percent annually for the previous decade. And I did a quick  
7107 Google and I can find as many stories as you all have about  
7108 what was happening to people's personal insurance benefits  
7109 that were going up that cost 20 percent, 24 percent.

7110 And here is a reality. Since this bill passed, more  
7111 than 20 million Americans have gained access and coverage  
7112 because they could now afford insurance. There is so many  
7113 issues with this bill I am finding it hard to start, where to  
7114 begin. I strongly believe that the best test of our nation's  
7115 values is how we treat the most vulnerable among us, people  
7116 who during difficult times have nowhere to turn.

7117 This is one of the most fundamental roles of government,  
7118 helping our fellow neighbor who is down on their luck. That  
7119 is part of who we are as Americans. And when judged by this  
7120 test, the ACA repeal bill we see before us fails miserably.  
7121 This bill would be an absolute catastrophe for senior  
7122 citizens, mothers, children, and those with complex medical  
7123 conditions.

7124 Let's start with senior citizens. They are facing a war  
7125 on two fronts with this repeal bill, a new age tax that will  
7126 drastically increase costs seniors pay for their healthcare,  
7127 and they will have to deal with rationed care under the

7128 Medicaid program. The number one thing I hear from seniors  
7129 back home is how scared they are. Most of them are living on  
7130 a fixed income and they are looking for support and how to  
7131 lower the costs they face not increase them. And for any  
7132 senior watching this today, this repeal bill will mean more  
7133 costs and fewer benefits for you.

7134 This bill also ends the Medicaid expansion which has  
7135 been so successful in my home state of Michigan. The program  
7136 was championed and it is still championed by a Republican  
7137 governor and has covered almost 7,000 people. But the story  
7138 doesn't end there. The Healthy Michigan Plan is widely  
7139 supported by our business community and by healthcare  
7140 providers because of the economic impact it brings to our  
7141 state.

7142 A report by the University of Michigan, which I would  
7143 ask unanimous consent to put in the record, found that  
7144 Medicaid expansion is responsible for adding 39,000 jobs in  
7145 our state in just 2016. Two-thirds of these jobs are outside  
7146 the healthcare sector. Medicaid expansion is also  
7147 responsible for increasing personal income in the state by \$2  
7148 billion each year through 2021. Why would we turn our backs  
7149 on this?

7150 This bill not only ends the successful Medicaid

7151 expansion program, but it rations care under Medicaid. I  
7152 find it unconscionable that we are using a program that  
7153 provides critical healthcare services to over 70 million of  
7154 the most vulnerable Americans as a piggy bank to pay for the  
7155 cost of repealing taxes on the wealthy.

7156 And finally, let's not forget the progress the ACA has  
7157 made in extending that coverage to the 20 million Americans.  
7158 Before it, the uninsured rate was 18 percent nationally.  
7159 Almost 47 million Americans did not have health insurance.  
7160 Today, the rate is down to 10.5 percent. So the question to  
7161 this committee is will this bill improve upon those gains or  
7162 will it turn the clock back?

7163 So while we are all waiting eagerly for the CBO score,  
7164 you don't need to be an economist to figure out that slashing  
7165 Medicaid, making seniors pay more, and cutting critical  
7166 financial support to help making sure it is more affordable  
7167 will result in American people, and many of them, losing  
7168 their health care.

7169 Mr. Barton. The gentlelady's time has expired. Are  
7170 there any members on either side that haven't struck the  
7171 requisite number of words it would wish to do so at this  
7172 point in time? If not, the chair will ask the rhetorical  
7173 question, are there any bipartisan amendments? Seeing no

7174 hands raised, are there amendments? The gentleman from New  
7175 Jersey seeks recognition to offer an amendment?

7176 Mr. Pallone. Thank you, Mr. Chairman. I have an  
7177 amendment at the desk. It is Amendment Pallone Number 4.

7178 [The amendment of Mr. Pallone follows:]

7179

7180 \*\*\*\*\*COMMITTEE INSERT 12\*\*\*\*\*

7181 Mr. Barton. The clerk will report the amendment.

7182 The Clerk. Amendment to the Amendment in the Nature of  
7183 a Substitute offered by Mr. Pallone.

7184 Mr. Barton. The gentleman is recognized for 5 minutes  
7185 to explain his amendment.

7186 Mr. Pallone. Thank you, Mr. Chairman. My amendment  
7187 would change the title to the Republican Pay More for Less  
7188 Act, and I really want to explain why I believe that that is  
7189 exactly what this bill does before us. But let me explain  
7190 one thing. You know, I heard from a lot of our colleagues  
7191 and my biggest concern here today in terms of our Republican  
7192 colleagues is that they keep talking about the ACA, why they  
7193 don't like the ACA, give stories about the ACA and how bad it  
7194 is. But no one has really explained how the bill before us  
7195 is actually going to improve on any of the things that they  
7196 criticize the ACA for.

7197 And I think that, you know, Mr. Shimkus started out by  
7198 saying that, you know, the Republicans are putting their jobs  
7199 on the line today with this bill in the way that we may have  
7200 9 years ago with the ACA. But again, you only put your job  
7201 on the line if this bill becomes law. It is not going to  
7202 become law. It is just a message amendment.

7203 As my colleagues have already pointed out, the AARP, the

7204 AMA, so many groups have already come out and said they are  
7205 against it, and the Freedom Caucus on the Republican right  
7206 has come out against this. So I believe this is nothing more  
7207 than a message vehicle, and I just want to explain why I  
7208 don't think that any of the concerns that have been expressed  
7209 by the ACA will in any way be cured or helped by this  
7210 legislation.

7211 Mr. Scalise talked about premiums going up. Well,  
7212 premiums are going to go up even more when you break the  
7213 insurance pool and you don't have the younger and healthier  
7214 people in the pool because there is no longer a mandate.  
7215 Premiums are going to go up for everyone a lot more. He  
7216 talked about deductibles. The deductibles are too high.  
7217 Well, you have in this legislation a provision that allows  
7218 deductibles and copays to even go higher, through the roof.

7219 He talked about, you know, seniors. We know that you  
7220 have this rating system which allows you to, not seniors but  
7221 the people that are from maybe 50 to 65, well, right now they  
7222 could be charged three times as much, under this legislation  
7223 they could be charged five times as much. The Medicaid  
7224 expansion is significantly reduced over the next few years.  
7225 People are going to be kicked off Medicaid. There is not  
7226 essential benefits package which means a lot of people are

7227 going to get less benefits.

7228 And where are all these people, the people that are  
7229 going to lose their coverage because the subsidy is gone and  
7230 the \$2,000 tax credit doesn't make up for the subsidy for  
7231 many of these people who you know are getting subsidized 70  
7232 percent, some of them are getting 7, 8,000, \$9,000 subsidy  
7233 and now they are going to get a 2,000 tax credit, they are  
7234 not going to be able to buy insurance. They are going to be  
7235 kicked off their insurance.

7236 The Medicaid people are going to be kicked off their  
7237 insurance because there is no money to the states to pay for  
7238 it. And where do they go? You say you aren't going to fund  
7239 Planned Parenthood or other clinics. You are not making up  
7240 for the fact that community health centers essentially are  
7241 going to get, or hospitals are not going to get reimbursement  
7242 for Medicaid or private insurance.

7243 Are they going to be able to go to the clinics? No, the  
7244 clinics are going to be overflowing. Are they going to be  
7245 able to go to Planned Parenthood if they are women? No,  
7246 those places are going to be closed. Are they going to be  
7247 able to go to the hospital emergency room? Well, where are  
7248 the hospitals going to get the extra money to expand their  
7249 emergency rooms? Anybody who has been to one knows how

7250 expensive that is.

7251           So there is no place to go because there is no money.  
7252 They are repealing the pay-fors in the ACA. Mrs. McMorris  
7253 Rodgers said that well, we can't continue with the ACA  
7254 because it is unsustainable funding. The only reason it is  
7255 unsustainable is because you going to repeal all the pay-fors  
7256 and you aren't going to have any money left to pay for the  
7257 things to pay for the care for the people who need it.

7258           So I just want to use an example. I mean, I think it is  
7259 important to use examples, but I want to end with this. I  
7260 have a constituent, Michelle, from New Brunswick. She is a  
7261 survivor of childhood cancer. Sadly, Michelle lost her job  
7262 due to a health condition in 2014-15, but as a result of the  
7263 health insurance exchange and the Affordable Care Act, she  
7264 was able to maintain affordable coverage and receive the care  
7265 she needed to recover from the long-term effects from cancer.  
7266 Now Michelle is back in the workplace contributing to our  
7267 economy.

7268           But how do I tell Michelle and the more than 335,000  
7269 cancer survivors in New Jersey that they will have the  
7270 coverage they need to keep their cancer in remission? The  
7271 answer is I can't tell them that with this bill because this  
7272 bill doesn't help. This bill doesn't correct any of the

7273 things that my colleagues on the other side have talked  
7274 about. They don't explain to us how it is helping, how it is  
7275 going to make a difference because it is not, and because  
7276 they also know it is not going anywhere.

7277 CBO is going to come out next week with a score and it  
7278 is going to show that it doesn't even save any money. It  
7279 won't even meet the reconciliation requirements. So it just  
7280 upsets me a great deal, because we have people that are  
7281 suffering and that need help. They got the help with the  
7282 ACA. They are not going to get the help with this bill. I  
7283 yield back.

7284 The Chairman. The gentleman's time has expired, any  
7285 members wishing to seek recognition on the gentleman's  
7286 amendment on the Republican side?

7287 Mr. Bucshon. Mr. Chairman.

7288 The Chairman. Oh, yes. Mr. Bucshon is recognized to  
7289 speak on the amendment. We will reset the clock and you may  
7290 proceed.

7291 Mr. Bucshon. Well, Mr. Chairman, I just want to remind  
7292 everyone why we are here. Obamacare has failed the American  
7293 people and it is only getting worse. It would be  
7294 irresponsible to do nothing; it is a rescue mission.  
7295 Obamacare has broken promise after promise. President Obama

7296 said the costs would go down, but instead the American people  
7297 are paying more and more for health care. Premiums are up,  
7298 deductibles are up, and that is not only in the exchanges.  
7299 That is in the other marketplaces.

7300 He said if you like your doctor you can keep it. I can  
7301 tell you factually as a physician that is not true. Millions  
7302 of plans were canceled, 4.7 million people lost their plans  
7303 that they liked. Patients and families deserve better and  
7304 that is what we are going to give them. Our plan will lower  
7305 costs and empower patients to make the right healthcare  
7306 decisions for themselves and their family, put the power back  
7307 in the states where it belongs not in some bureaucracy in  
7308 Washington.

7309 Our plan does protect people with preexisting  
7310 conditions, I have patients with those, and allows young  
7311 adults to stay on their parents' insurance until age 26 so  
7312 they can get their lives off the ground. Our plan creates a  
7313 Patient and State Stability Fund to help lower income  
7314 patients afford healthcare and repair state markets damaged  
7315 by Obamacare. States can use these funds to cut out-of-  
7316 pocket costs or promote access to preventive services like  
7317 annual checkups.

7318 And our plan strengthens Medicaid. This program is a

7319 critical lifeline for millions of Americans, but it has its  
7320 flaws including fewer choices and less access to quality  
7321 care; more and more physicians won't take it. Obamacare's  
7322 expansion made those problems worse. To responsibly unwind  
7323 the expansion our plan would freeze new enrollment and  
7324 Obamacare's expansion and grandfather existing enrollees.  
7325 Anyone currently on the expansion is not going to lose their  
7326 coverage, but over time, the CBO says these individuals as  
7327 they see their income change will naturally cycle off of this  
7328 program.

7329 Our plan also refocuses Medicaid's limited resources to  
7330 the patients in most need. We propose a per capita allotment  
7331 to determine a fair level of funding for states based on the  
7332 number of enrollees in each unique Medicaid population. This  
7333 idea has been around for a long time. It is not just a  
7334 Republican idea. It has been supported by key Democrats in  
7335 the past, as I mentioned former Chairman Waxman, President  
7336 Bill Clinton, former Vice President Joe Biden, former  
7337 Secretary of State John Kerry, former Majority Leader Harry  
7338 Reid, and the list goes on.

7339 So Mr. Chairman, we are here today because Obamacare is  
7340 failing the American people and I hear it every day in my  
7341 district. So we need to continue to do what we can to get

7342 costs down for the American people and this is the first step  
7343 in the process to make that happen. I would like to yield to  
7344 any Republican member who would like my 2 minutes. Then I  
7345 yield back my time, Mr. Chairman.

7346 The Chairman. The gentleman yields back the balance of  
7347 his time. Are there other members seeking recognition? The  
7348 gentlelady from California, I will try and go in seniority  
7349 order, is recognized on the amendment.

7350 Ms. Eshoo. Thank you, Mr. Chairman. I support this  
7351 amendment and I want to tell a brief story about a  
7352 constituent of mine, Claudia Decker, whose daughter relied on  
7353 Medicaid after a debilitating stress injury took her out of  
7354 the work force. Her daughter was forced to quit her job  
7355 after sustaining a repetitive stress injury and Claudia was  
7356 initially able to cover her daughter under her employer-  
7357 sponsored insurance, but then once her daughter turned 26,  
7358 she would have been without coverage.

7359 But thanks to the Affordable Care Act Claudia's daughter  
7360 had another option, Medicaid. Under Medicaid the daughter  
7361 was able to find suitable doctors who she continued with  
7362 after she was healed enough to return to her job and get  
7363 employer-sponsored health insurance coverage. Instead of  
7364 fighting through debilitating pain to remain in the job for

7365 the purpose of maintaining health insurance, Claudia's  
7366 daughter had the freedom and the choice to not only leave her  
7367 job, but she also got the treatment that she needed.

7368 After innumerable tests and 9 months of rest, Claudia's  
7369 daughter was able to return to the work force and regain  
7370 employer health insurance. Medicaid covered the doctors'  
7371 visits, the tests, and provided her with the comfort of  
7372 knowing that her stress injury would not mean financial ruin  
7373 both for herself and her family. So Medicaid functions this  
7374 way for millions of average and lower income and disabled  
7375 Americans who really not that many years ago had the deck  
7376 stacked against them before the ACA.

7377 I would also like to comment on something that many  
7378 members have referred to and I have had constituents tell me  
7379 the same things that many of the Republicans have stated  
7380 today. My premium has gone up 25 percent. I don't have  
7381 this, I don't have that. There is a lot of conflating that  
7382 has gone on.

7383 When I start peeling back the onion, I mean most  
7384 frankly, I have constituents brilliant in their own  
7385 professions but bought catastrophic coverage for themselves  
7386 and then complained that nothing was covered when they needed  
7387 to go to the doctor and something happened to them. And I

7388 said, well, who the heck sold you this policy? Why did you  
7389 buy this policy? Whatever made you think that this was good  
7390 coverage? Well, the fellow that I have dealt with for years  
7391 sold me the policy.

7392 So I think while we on our side acknowledge that  
7393 certainly changes and reforms to ACA are in order and we will  
7394 work with you on that, that we also should acknowledge  
7395 together that our constituents have conflated a lot of things  
7396 and blamed everything on the ACA and that simply is not the  
7397 case either. So I think by gutting the federal funding which  
7398 is in obviously the Medicaid program that the story that I  
7399 just told about this constituent's daughter that there are  
7400 others across the country not only in my congressional  
7401 district but in yours as well that are going to be affected  
7402 by that and I think that we all need to have an appreciation  
7403 of that.

7404 And so I support the amendment. I think that it is one  
7405 that is worthy of our support and I yield back. Can I ask a  
7406 question since I have this time now?

7407 The Chairman. Yes, ma'am.

7408 Ms. Eshoo. Okay. I have some quick questions of the  
7409 counsel, okay. Now the latest figures which 2014 that there  
7410 are 23-1/2 million people in our country that have filed

7411 their short form for their tax return, how do they receive a  
7412 refundable tax credit? That is my first question.

7413 The Chairman. The only thing I would say is that is  
7414 probably a Ways and Means question not an Energy and  
7415 Commerce.

7416 Ms. Eshoo. All right, then we will ask Ways and Means.  
7417 Where in the bill are the prevention measures? Because in  
7418 the ACA, adults, women, children, cholesterol screening,  
7419 hepatitis C, cancer, breast and cervical cancer, STD, STI  
7420 screenings have no copayment and no coinsurance, is this the  
7421 case with the proposal that we are debating?

7422 And the last question that I would like to ask is does  
7423 the legislation prohibit insurers from offering family  
7424 planning coverage?

7425 The Chairman. If you are quick, the time has expired.

7426 Ms. Eshoo. Yes, my time has expired, so can I get the  
7427 answer?

7428 The Chairman. I will let you, I should have probably  
7429 done that earlier. But yes, go ahead and answer.

7430 The. Counsel. So I believe the first question was in  
7431 reference to where in the bill is their funding for  
7432 preventive services?

7433 Ms. Eshoo. No, where in the bill are these prevention

7434 measures retained?

7435 The. Counsel. Related to insurance or funding?

7436 Ms. Eshoo. The copayments, no copayment, no coinsurance  
7437 for these prevention measures.

7438 The. Counsel. Ms. Eshoo, if you are referencing Section  
7439 2713 of the Public Health Service Act, coverage of public  
7440 health services, that provision is not affected by the bill  
7441 before us.

7442 Ms. Eshoo. So that means that they are retained?

7443 The. Counsel. Correct.

7444 Ms. Eshoo. In all insurance policies?

7445 The. Counsel. Correct.

7446 Ms. Eshoo. And what about the prohibition, is there any  
7447 prohibition relative to the offering of family planning  
7448 coverage?

7449 The. Counsel. No.

7450 The Chairman. Okay, the gentlelady's time has expired.

7451 Ms. Eshoo. Thank you.

7452 The Chairman. This is why it is good to get these  
7453 answers. Members on the Republican side seeking recognition,  
7454 I think it is our side. The gentleman from Illinois,  
7455 chairman of the Environment Subcommittee, Mr. Shimkus.

7456 Mr. Shimkus. Thank you, Mr. Chairman. Just to speak

7457 against the amendment, as I stated earlier when we did the  
7458 strike the last word, I spent the last 7 years discussing  
7459 Obamacare and the health care and the common phrase which you  
7460 could Google and find in most of the written stories is that  
7461 my constituents pay more and get less. So I think that  
7462 changing the title to what my colleague and friend Mr.  
7463 Pallone wants would be totally in opposition to what my  
7464 constituents have experienced over the past 7 years as we pay  
7465 more and get less.

7466 And another case from my district was Jan from Neoga. I  
7467 am a healthy, 61 year old female with a grandfathered if-you-  
7468 like-it, your policy, you-can-keep-it plan. That policy  
7469 started at \$254 a month and now a few years later will be  
7470 \$858 a month for the same policy, a 47 percent 1-year  
7471 increase from \$590 a month in 2016 to \$858 a month in 2017.

7472 And the other portion of this is the failure of the  
7473 healthcare law forced people to purchase insurance and it  
7474 wasn't, they didn't have the option of buying catastrophic  
7475 packages because that was eliminated. You only got the  
7476 Bronze or the Silver or the Gold or the Platinum. You were  
7477 mandated to buy one of these plans and then you could not use  
7478 it because you could not pay the deductible.

7479 And my hospitals who agreed with supporting the

7480 Affordable Care Act thought they would get compensated when  
7481 people went into the emergency room. The real result is they  
7482 didn't because with their Obamacare insurance plans they  
7483 still could not afford the deductible. So the compassionate  
7484 care payment by the hospital actually went up, actually went  
7485 up. So I yield back my time.

7486 Mr. Pallone. Can I ask the gentleman to yield just on  
7487 that point?

7488 Mr. Shimkus. My time is -- it is up to the chairman.

7489 The Chairman. Well, it is your time.

7490 Mr. Shimkus. I yield back, but I --

7491 The Chairman. The gentleman yield back so --

7492 Mr. Shimkus. I would be honored to --

7493 The Chairman. If you want to yield.

7494 Mr. Shimkus. I would love to.

7495 The Chairman. Okay.

7496 Mr. Pallone. I am trying not to be too critical,  
7497 because you know I consider you a friend. The problem that I  
7498 see though is that you and the others continue to talk about  
7499 how bad the ACA is, and my point earlier when I mentioned you  
7500 by name was because I would like to see how you feel that  
7501 your bill is going to improve any of these things.

7502 Now you mentioned deductibles. The way I read this

7503 bill, I am not going to ask counsel because I read it and I  
7504 think it is clear, the restrictions that we put on, or that  
7505 have made it more difficult to increase deductibles with the  
7506 private insurance market, a lot of those are relaxed now. So  
7507 I would venture to argue that if you have someone who is  
7508 complaining about deductibles, those deductibles are going to  
7509 go up even more.

7510 Mr. Shimkus. Yes, but I reclaim my time because as you  
7511 know we have two bills moving through the right with the same  
7512 process. The benefit of what is going on now is you talk to  
7513 our friends in Ways and Means is the strong development of  
7514 Health Savings Accounts which fills that gap, right. You buy  
7515 insurance for a higher cost. If you live healthy lifestyles  
7516 you will be able to roll that over. The catastrophic number  
7517 gets better, your payments get less if you believe in markets  
7518 and competition.

7519 Mr. Pallone. Well, look, let me say this. Thank you,  
7520 Mr. Shimkus, for now saying how you think the situation is  
7521 going to improve. I don't agree because I think deductibles  
7522 will go more because you are eliminating a lot of the  
7523 limitations that we had in the ACA, but I will acknowledge  
7524 that you did now explain to me why you think things would get  
7525 better.

7526 Mr. Shimkus. And if I could reclaim my time just on the  
7527 same thought is people will buy insurance that they want to  
7528 buy. They are not going to be mandated to buy a package of  
7529 things that they will never use also.

7530 Mr. Pallone. But they are not going to be able to  
7531 afford it. That is the problem, don't you see?

7532 The Chairman. Will the gentleman yield?

7533 Mr. Shimkus. I would yield to the chairman.

7534 The Chairman. And this is actually the fact, because if  
7535 you look at the number of people that decided to pay the IRS  
7536 penalty and the number of people that got a waiver, I think  
7537 it is 19.2 million versus the 10 million that actually bought  
7538 the product on the market. And that is because the way ACA  
7539 drives up costs for young people because of the artificial  
7540 bands that we are releasing in this bill, they are sticking  
7541 it to young people who we actually need in the pools to make  
7542 this work. The gentleman's time has expired.

7543 Mr. Pallone. It will raise them on older people.

7544 The Chairman. The gentleman's time, Mr. Shimkus' time  
7545 has expired. Going down the dais here, the gentleman from  
7546 New York Mr. Eliot Engel recognized on the amendment.

7547 Mr. Engel. Thank you very much, Mr. Chairman. My  
7548 friend Mr. Shimkus used the words, and I used those exact

7549 words before, pay more and get less. Well, if you think  
7550 people paid more under Obamacare and got less, wait until  
7551 this bill is implemented. People, the bottom line is that  
7552 they will pay more and get less, and the average person, and  
7553 I want to say it again because I think it is very important,  
7554 just cares about two things. We can argue all the nuances  
7555 and you did this and we did that and we didn't have this, the  
7556 bottom line is people want to know what is my coverage and  
7557 how much am I going to pay for it? That is the bottom line.

7558         And it seems to me there is enough brains on both sides  
7559 of the aisle where we could have put our heads together and  
7560 tried to come up with a fix. Because I am not going to tell  
7561 you that there wasn't any problems with Obamacare, there was,  
7562 but I do know that every single congressional district's  
7563 uninsured rate has dropped since the Affordable Care Act went  
7564 into effect, every single district. And so there are good  
7565 things in there.

7566         Perhaps this bill tried to keep the good things, but as  
7567 my colleagues have pointed out where is the money? You have  
7568 to pay for it. And so what is going to happen here is maybe  
7569 people are going to have access to care but they are not  
7570 going to be able to afford it so they are not going to have  
7571 the care. And that is the problem here, because if it really

7572 helped and really did that we would be able to get a cost of  
7573 this, it wouldn't have been rushed through, and things would  
7574 have been all laid out to show where things or how things  
7575 will get better. That is not the case here.

7576 Now I support Mr. Pallone's amendment because one of my  
7577 constituents, I would like to tell the story, Deborah from  
7578 Larchmont, New York, she reached out to my office with the  
7579 moving story about the impact of the Affordable Care Act,  
7580 what impact it has had on her. So she said, quote, my  
7581 husband lost his job in 2009 and I a freelancer are left with  
7582 providing health insurance for my family. The ACA saved us  
7583 from completely unaffordable options we had before. I want  
7584 the Republicans to understand that I am the face of Obamacare  
7585 and this uncertainty causes me to lose sleep every night,  
7586 unquote.

7587 I was touched by this story and I am heartbroken to know  
7588 that one of my constituents is forced to live with this kind  
7589 of fear and I am sure it is replicated all over the country.  
7590 Deborah's eloquent words are an important reminder of what is  
7591 at stake here. My friends on the other side of the aisle are  
7592 so consumed by their desire to make good on 7 years of  
7593 ripping into Obamacare, not giving it a chance, not putting  
7594 our heads together to try to fix it, misguided promises, I

7595 hope that stories like Deborah's would make them consider for  
7596 a moment their own constituents who might be losing sleep  
7597 frightened at the coverage of a treatment or the financial  
7598 peace of mind they have gained through the ACA will be ripped  
7599 away from them.

7600           Again we could tweak, I have said this before and I want  
7601 to repeat it again. When there are major bills like the  
7602 Affordable Care Act, you pass these bills and you see what  
7603 works and what doesn't work and what doesn't work you try to  
7604 fix because nothing is going to work a hundred percent. We  
7605 weren't able to do that. We lost the majority and our  
7606 friends on the other side of the aisle didn't want to fix  
7607 anything. So we voted whether or not to repeal Obamacare in  
7608 its total 64 times or something like that, but what we should  
7609 have been doing is putting our heads together and finding a  
7610 bill, finding a way to help --

7611           The Chairman. Would the gentleman yield?

7612           Mr. Engel. Yes.

7613           The Chairman. I would just point out for the record  
7614 that they weren't all strict repeal votes, and in fact 20 of  
7615 those bills became laws signed by President Obama and  
7616 Democrats cast 4,775 of those votes on those bills because we  
7617 recognized as you did some things had to be changed, just for

7618 the record.

7619 Mr. Engel. But there were never votes, Mr. Chairman, on  
7620 fixing what was the matter and what was the problem. It  
7621 really wasn't. It was more of a poke in the eye, we are  
7622 going to fix you, we hate Obamacare and that is it. There  
7623 was -- and we hate Obama too. I don't hate Obama, but --

7624 The Chairman. Actually, we --

7625 Mr. Engel. -- feeling on the other side of the aisle.  
7626 So there really wasn't an attempt and anybody here who is  
7627 honest knows that there really wasn't an attempt for us to  
7628 get together and try to fix it. I think what you are doing  
7629 is worse. I think what you are doing is going to make it  
7630 harder. And if it is true that we lost the majority because  
7631 of Obamacare, I think you guys are putting yourselves in  
7632 jeopardy of losing the majority because of this monstrosity.  
7633 I yield back.

7634 The Chairman. The gentleman yields back. Are there  
7635 other members -- the good doctor from Texas, the chairman of  
7636 our Health Subcommittee, Dr. Burgess is recognized to speak  
7637 on the amendment.

7638 Mr. Burgess. Thank you, Mr. Chairman. And this  
7639 amendment brings back a lot of memories for me because the  
7640 March evening of 2010 that what eventually became the

7641 Affordable Care Act, the night that that went to the Rules  
7642 Committee I presented myself to the Rules Committee with 18  
7643 amendments that I had individually drafted. And one of them  
7644 was to strike the word affordable from the title of the  
7645 Affordable Care Act because it didn't look to be in any way  
7646 affordable to me. It looked like someday we were going to  
7647 run out of other people's money and then we would be in great  
7648 difficulty. So I have a lot of sympathy from the gentleman  
7649 from New Jersey who is offering this as an amendment.

7650 Let me just say that as, the days I was in practice when  
7651 I was driving to work in the morning there wasn't a single  
7652 morning that I drove to work that I thought I hope I am  
7653 average today. I hope I am just good enough today. I always  
7654 showed up to do my best work. And I believe our friends on  
7655 the other side of the dais also feel that same way. And, you  
7656 know, one of the things that has troubled me through the  
7657 discussion tonight, this afternoon and tonight, is the sort  
7658 of the concept that the states would not act in the best  
7659 interest of their people.

7660 I mean, I never served in a state legislature. I never  
7661 had that privilege. I never offered myself to run for an  
7662 office in the state legislature. I have a lot of respect for  
7663 people who do serve in state legislatures, state assemblies.

7664 I know we have a good number of folks on this committee who  
7665 have served in that capacity. I know there are a number of  
7666 people on the other side of the dais who have served in their  
7667 state legislatures or state assemblies in New Jersey, New  
7668 York, Texas, Colorado, Vermont, New York, Oregon, California.  
7669 I stipulate that every day that those individuals went to  
7670 work in those states they went to do their best work.

7671 So I will just tell you one of the things that I am  
7672 really excited about in the bill that we have before us is  
7673 what is called the Patient and State Stability Fund. I think  
7674 one of the things we have heard from governors in a  
7675 bipartisan fashion when we have had discussions during the  
7676 evaluation of what would be in this bill, you know, you  
7677 normally don't use the words exciting and health policy  
7678 together in a sentence, but some of those roundtables with  
7679 governors, it really was exciting to hear the health policy  
7680 that they discussed.

7681 They are anxious. They want to be involved. I don't  
7682 want to name names, but the governor of Utah in fact even  
7683 talked about when the Affordable Care Act was being done and  
7684 you are going to reform health care in this country from soup  
7685 to nuts, why would you not involve the governors? A former  
7686 governor from Arkansas used to have a television show when I

7687 was on his, being interviewed one evening. It was almost a  
7688 plaintive assertion that the governors really wanted to be  
7689 involved in this process but were not allowed.

7690 Mr. Chairman, I am grateful that you have opened the  
7691 doors to the governors. I am grateful that you have opened  
7692 the doors to our counterparts in state assemblies and state  
7693 legislatures. I think that is extremely important.

7694 I don't want to spend a lot of time revisiting history.  
7695 We have certainly worked on things to try to fix some of the  
7696 more egregious problems in the Affordable Care Act. There is  
7697 one we worked on this committee shortly after the Republicans  
7698 took over the majority. In fact, the night that this passed  
7699 in the committee in July of 2009, right at the end of what  
7700 was a very long markup and a very contentious markup kind of  
7701 reminiscent of this, an entirely new provision was offered  
7702 up. It was only placeholder language.

7703 We had never had a single hearing on it. We have never  
7704 had any ability to discuss it or debate it. It is what was  
7705 known as the Community Living Assistance and Services Support  
7706 Act, or the CLASS Act, to establish a voluntary, long-term  
7707 insurance program for community-based services and supports.  
7708 But it didn't focus on reducing the cost of long-term care  
7709 insurance for Americans. It exploited taxpayer confidence by

7710 creating a poorly structured program that was doomed to fail.

7711 The Congressional Budget Office estimated the CLASS Act  
7712 would reduce the budget deficits by \$81 billion over the next  
7713 decade. The CLASS Act however showed only the tax  
7714 collections in the first decade. Its explosive spending  
7715 growth was hidden beyond the budget window. Complaints about  
7716 the insolvency of the program came from both sides of the  
7717 dais as well as from the administration's own chief actuary  
7718 during the 2009 debate over the Affordable Care Act, Kent  
7719 Conrad, senator from North Dakota.

7720 Chairman of the Senate Budget Committee said the CLASS  
7721 Act was a Ponzi scheme of the first order. So we helped you  
7722 by getting rid of the CLASS Act and that was one of those  
7723 bipartisan efforts to improve the Affordable Care Act after  
7724 its passage in 2010. I yield back.

7725 The Chairman. The gentleman's time has expired. The  
7726 chair recognizes the gentleman from Texas, Mr. Green, to  
7727 speak on the amendment.

7728 Mr. Green. Thank you, Mr. Chairman. And with tongue in  
7729 cheek about the, I support Mr. Pallone's amendment even  
7730 though the title like my colleague from Texas and our chair  
7731 of the Health Subcommittee tried to do the same thing in  
7732 2010. But let me just, I have a couple good examples I want

7733 to say about the Affordable Care Act, but my frustration is  
7734 that I served in the state legislature 20 years. I have been  
7735 here since 1993, and I don't think I can think of whether  
7736 serving in the Texas legislature that there was a law passed  
7737 the next session didn't go back and revisit that law and fix  
7738 it no matter what party you were and that is what has  
7739 happened with the Affordable Care Act.

7740 There were minor changes that were done in the last 6  
7741 years, but there were things we could have done in our  
7742 committee and Ways and Means Committee should have done if it  
7743 was so bad you wouldn't have to wait to have a unified  
7744 government like you do now.

7745 But let me talk about the Affordable Care Act and the  
7746 benefits it has done. Health care is deeply personal and  
7747 sensitive. I think all of our physicians will say that to  
7748 their patients it is important. It is difficult to imagine  
7749 the stress that families are under when faced with a loved  
7750 one's healthcare needs or an inability to afford that care.  
7751 And I represent a district that that happens every day for  
7752 people who couldn't afford health care, or the life-altering  
7753 impact of an accident that leads to crushing medical debt,  
7754 having to worry about being able to go to a doctor when you  
7755 are sick, or putting off care because you don't have an

7756 insurance or cannot afford it is a grim reality that too many  
7757 of our Americans face.

7758 Thankfully far fewer do than ever before because of the  
7759 Affordable Care Act, and that is why we are opposing your  
7760 bill because we think it is going to make it worse. The  
7761 Affordable Care Act took major steps to expand coverage and  
7762 make insurance more affordable and meaningful, protect  
7763 consumers from abuses of the insurance industry and make  
7764 health care more affordable. Unfortunately my colleagues  
7765 insist on taking us backwards. One of these metrics to the  
7766 legislation before us today would produce worse outcomes than  
7767 the Affordable Care Act.

7768 I would like to tell the story of a couple of my  
7769 constituents who would directly impact by this repeal effort.  
7770 Just yesterday I met a young woman from our district who  
7771 actually worked as a page at the capital during high school  
7772 when we had pages. She was diagnosed with arthritis as a  
7773 teenager and was unable to obtain insurance when she aged off  
7774 Medicaid when she turned 18. It wasn't until the Affordable  
7775 Care Act that she could get coverage that was affordable for  
7776 her family and actually covered her condition so she could  
7777 get the care she desperately needed.

7778 Another one of my constituents wrote in about her son

7779 who was diagnosed with uveitis when he was only 7. Uveitis  
7780 is an inflammation of the membrane of the eye and is in the  
7781 family of autoimmune disorders that includes psoriasis,  
7782 spondylitis, and inflammatory bowel disease to name a few.  
7783 Autoimmune disorders usually travel in packs, and later that  
7784 year he was diagnosed with another inflammatory disease, AS,  
7785 a form of arthritis that primarily impacts the hips and the  
7786 spine. His condition got even more complex when he  
7787 eventually developed IBS. The diagnosis took months as his  
7788 case does not display signs and the symptoms consistent with  
7789 any clear protocol.

7790 His mother wrote our office to share her son's story and  
7791 the impact of the ACA has on her family. She writes, he is a  
7792 driven and strong child. He is in the fifth grade but he  
7793 also attends math class in the middle school with his sister.  
7794 On his own initiative he tested out the fifth grade math to  
7795 accelerate, he is a straight A student. He plays soccer.  
7796 After historically having two bad experiences as a goalie for  
7797 his team, he decided to attend goalie training and is now the  
7798 top goalie, and I represent Northside, but from here to  
7799 Kingwood which is north of our district. The kid has grit  
7800 and he has heart.

7801 On behalf of this young soccer star and millions of the

7802 kids like him, please be assured I will fight to repeal the  
7803 Affordable Care Act. But over the last 6 years we could have  
7804 worked together and fixed some of the things before they got  
7805 aggravated because as I have heard from my other colleagues,  
7806 there is never a law that is passed or a bill that is  
7807 considered that is perfect, in Congress or a state  
7808 legislature, and that is why I think after 6 years of trying  
7809 to repeal it we should have done some real working together  
7810 before that. And I yield back the balance of my time.

7811 The Chairman. The gentleman yields back the balance of  
7812 his time. Are there members on the Republican side seeking  
7813 recognition, members on this side? Okay, who is next up on  
7814 yours? We will go to the gentleman from Pennsylvania, Mr.  
7815 Doyle, is recognized to speak on the amendment on the title  
7816 of the bill.

7817 Mr. Doyle. Thank you, Mr. Chairman. I support the  
7818 amendment. You know, there is a lot of amnesia on this  
7819 committee. Let me just remind my friends where we were  
7820 before the Affordable Care Act and what your constituents got  
7821 for their money. Before the ACA, insurance companies could  
7822 discriminate against sick people. We put a waiver on the  
7823 preexisting condition clause that they couldn't do that  
7824 anymore. That didn't exist before ACA.

7825           In America, one of the leading causes of bankruptcy were  
7826 people that were losing their homes because they had  
7827 insurance, but they had a child or someone in the family with  
7828 a chronic condition and they would come up against their cap  
7829 and they couldn't get any more payment from the insurance  
7830 company and they would hold fish fries to try to raise money  
7831 to buy medicine for their kids and eventually they went  
7832 bankrupt and lost their homes. We put an end to that.

7833           We said insurance companies can't cap your benefits  
7834 annually or lifetime. That didn't exist before the  
7835 Affordable Care Act. Women were being charged twice as much  
7836 as men. We put an end to that. Children can stay on their  
7837 parents' policy now until they are 26. That didn't exist  
7838 before the Affordable Care Act. We expanded the Medicaid  
7839 program. Fourteen million Americans got covered on that, 11  
7840 million of which never had insurance before for the first  
7841 time got insurance under the Affordable Care Act. That  
7842 didn't exist before we implemented that.

7843           So don't call this a failure because it is not a  
7844 failure. If it was such a failure, why isn't that you  
7845 haven't just abolished all those things we did? No, you  
7846 haven't. You are keeping preexisting conditions. You are  
7847 keeping caps on the benefits. You know, you are letting kids

7848 stay on their policy until they are 26, because these were  
7849 good things that we did on the Affordable Care Act that the  
7850 American people support.

7851 Now all you have done in this bill is basically give  
7852 away \$600 billion over the next 10 years to corporations and  
7853 rich people. You have taken that money out the bill, and now  
7854 the way you are going to pay for this is to eviscerate the  
7855 Medicaid expansion program, to just eviscerate the Medicaid  
7856 expansion program and to take money out of the Medicare trust  
7857 fund. This is an improvement? You haven't done a thing to  
7858 lower costs in this bill.

7859 You are going to see the elderly pay more for their  
7860 insurance because these subsidies aren't based on one's  
7861 income anymore they are based on their age. And now the  
7862 bands are going to be five. You are going to be able charge  
7863 insurance companies five times as much as the youngest band  
7864 in the program where right now it is three. All these things  
7865 that you are making such a big deal that you are keeping,  
7866 because if you didn't keep them you guys would be tarred and  
7867 feathered out of your districts. But you are keeping them  
7868 because these were things that we did that every one of you  
7869 voted against when we did this with the Affordable Care Act.

7870 So let's stand here, those of us that did this bill, and

7871 watch 50 of our colleagues lose their positions because they  
7872 knew it was the right thing to do and cast the vote anyway  
7873 and try to take credit that you have somehow done something  
7874 great for the American people. The only thing that is any  
7875 good about what you are proposing are the things that we did  
7876 8 years ago in the Affordable Care Act. I yield back.

7877 The Chairman. The gentleman yields back. The chair  
7878 recognizes the vice chair of the full committee, Mr. Barton.

7879 Mr. Barton. Well, thank you, Mr. Chairman. I rise in  
7880 opposition to my friend from New Jersey's amendment. I don't  
7881 think we need to debate that a lot. Before I comment on my  
7882 friend from Pennsylvania's comments, I have been on this --  
7883 this is my 31st year on this committee, 31 years. I will  
7884 never match John Dingell who was on the committee probably 50  
7885 years -- yes, I hope I don't either.

7886 But I am not going to commend the minority, but I do  
7887 want to acknowledge that I think you all set a record for the  
7888 longest time period between the opening of a full committee  
7889 markup and the actual calling up of an amendment. I believe  
7890 that would be a record. Now whether, yes, I don't know that  
7891 is necessarily a good thing, but in terms of the minority  
7892 doing what minorities do, I have to say you all did a good  
7893 job. So I want to commend you on that. Yeah, I understand.

7894 I understand.

7895 So now, let me comment on what Mr. Doyle was talking  
7896 about. First of all, before what we now call the Affordable  
7897 Care Act actually was initiated or was unveiled and debated I  
7898 was the ranking minority member and I am trying to mightily  
7899 to engage Mr. Waxman who was the chairman in a bipartisan  
7900 effort on health care with the approval of the minority  
7901 leader and the minority whip.

7902 And Mr. Waxman was amenable to doing that but he just  
7903 never quite got around to it until the day that we were  
7904 finally supposed to meet he called me up and said we are  
7905 going to have to postpone our meeting, Joe. And I said why,  
7906 and he said, well, we are going to unveil our bill at 11:00  
7907 in a press conference.

7908 So some of the things that we were willing to work on  
7909 and were in what became the Affordable Care Act we supported  
7910 at the time. We supported coverage for preexisting  
7911 conditions. We supported keeping young adults on their  
7912 parents' plans and things like that, so that is why we are  
7913 keeping them now. We didn't oppose that part of the bill.

7914 But I do want to substantively comment on this, we are  
7915 eviscerating the Medicaid expansion. Now I personally think  
7916 we are too generous and I have an amendment at the

7917 appropriate time to tweak it a little bit. But having said  
7918 that, the people that are in states that accepted the  
7919 Medicaid expansion funding at 100 percent federally funded,  
7920 we are not kicking one of them off. They stay. The bill as  
7921 it is currently drafted even allows states to add additional  
7922 Medicaid expansion enrollees until December the 31st, 2019.  
7923 It lets them be added.

7924 And then, once we do put a freeze on adding additional  
7925 Medicaid enrollees, it allows on attrition to take that  
7926 population over time back down to the traditional Medicaid  
7927 match rate. That is not evisceration. Whatever it is, you  
7928 know, if you are in a state that expanded Medicaid you are  
7929 allowed and you get 95 percent federal funding -- well, right  
7930 now it is 95. Well, finally it comes down to 90 percent for  
7931 perpetuity, which I think is another minor problem with the  
7932 bill, but that is a fight I have to fight over on this side  
7933 of the aisle -- that that is not draconian and, you know,  
7934 let's have a debate, but let's have a debate on the facts,  
7935 Mr. Chairman.

7936 The Chairman. Will the gentleman yield?

7937 Mr. Barton. I would be happy to yield.

7938 The Chairman. The other point to make is if you have  
7939 any faith and confidence in your state and your state

7940 legislature, I would argue nearly all of the stories we have  
7941 heard today are people who are on Medicaid who could continue  
7942 on Medicaid. The argument is over whether the federal  
7943 taxpayer, whether we have to borrow the money from somebody  
7944 else to give to the states, many of whom have surpluses by  
7945 the way, at a different match rate. Rather than 90 percent,  
7946 the match rate is somewhere between 50 and 73 percent.

7947 The question isn't whether they get coverage. The  
7948 question is what share of the federal government should pay  
7949 versus the state and local governments should pay. That is  
7950 what the argument we are having here is and -- oh, your time  
7951 has expired.

7952 Mr. Barton. Anyway my time has expired. I oppose the  
7953 Pallone amendment.

7954 The Chairman. And yields back. The chair recognizes,  
7955 for what purpose does the gentlelady from Illinois seek  
7956 recognition?

7957 Ms. Schakowsky. I move to strike the last word.

7958 The Chairman. And speak on the amendment, the  
7959 gentlelady is recognized.

7960 Ms. Schakowsky. Thank you. I do support the amendment  
7961 but I would like to address what we have just been talking  
7962 about, about the states and about trusting them and about the

7963 governors. Because what we know is 32 of the states that you  
7964 can figure out is the majority of states actually did expand  
7965 Medicaid and Republican governors now are very concerned that  
7966 the law would force millions of their low-income earners off  
7967 the insurance rolls.

7968 And here is what the Nevada governor, a Republican,  
7969 Brian Sandoval, had to say today. He said, we have said all  
7970 along work with the governors, that it should be a governor-  
7971 led effort and for the Congress to rely on the governors. He  
7972 said, well, they came out with their own bill which doesn't  
7973 include anything the governors have talked about. And so the  
7974 Republican governors who represent the majority of Republican  
7975 governors come from states that did expand Medicaid.

7976 The Chairman. Would the gentlelady yield?

7977 Ms. Schakowsky. Sure.

7978 The Chairman. Is that what Governor Sandoval wrote?

7979 Ms. Schakowsky. I am reading a quote from him, yes.

7980 The Chairman. That we didn't include anything?

7981 Ms. Schakowsky. That is what it says.

7982 The Chairman. I would like to see the letter.

7983 Ms. Schakowsky. Now they came out with their own bill  
7984 which doesn't include anything that the governors have talked  
7985 about, and I am certain that he is referring to the Medicaid

7986 issue.

7987 And so, you know, this was a plan that in my state of  
7988 Illinois three million more people will be able to get health  
7989 care and my Republican governor made it very clear that this  
7990 provision, that this part of the repeal and replace simply  
7991 does not work for the state of Illinois and for people. And  
7992 so, you know, let's trust the states. Let's trust the  
7993 governors. They are telling us that this is a very bad bill  
7994 for them.

7995 And now I would like to share the story of a couple  
7996 women in my district who have benefited from the ACA. My  
7997 constituent Brenda has lupus and before the ACA no insurance  
7998 company would cover her in the individual market. She works  
7999 part-time so she relied on the insurance her husband received  
8000 through his job, but then in August 2016 her husband  
8001 unfortunately lost his job. Because of the ACA, Brenda and  
8002 her husband were able to get insurance through the  
8003 marketplace and could not be denied coverage or charged more  
8004 for it. But under the Republican repeal bill Brenda and her  
8005 husband could be charged massive penalties by their insurance  
8006 company if they did not obtain insurance after Brenda's  
8007 husband lost his job. So we talk about how great this is and  
8008 how you are keeping protection for people with preexisting

8009 conditions, but if you have someone who has lost their  
8010 coverage because they lost their job for 63 days for just  
8011 about 2 months, then yes, they can get coverage for at least  
8012 a 30 percent increase in the premium.

8013 So to add insult to injury, the Republican repeal will  
8014 cause premiums to rise and will allow insurance companies to  
8015 charge older Americans more for their coverage. So Brenda  
8016 and her husband could be charged considerably more for their  
8017 insurance, not to mention they would face as they said the 30  
8018 percent penalty imposed by their insurance company if they  
8019 were unable to maintain continuous coverage after Brenda's  
8020 husband lost his job.

8021 I have a bunch more of the examples. We are all talking  
8022 about anecdotes, but ultimately we are talking about millions  
8023 and millions and millions of people who will either have to  
8024 pay more and get less or lose their care all together. And  
8025 so I would suggest that let's go back to the Affordable Care  
8026 Act which you have affirmed that many pieces of it you like,  
8027 you want to keep them, and let's start with that as the base  
8028 and then figure out together how we can craft a plan, not a  
8029 repeal and replace which it really isn't anyway, to come up  
8030 with the improvements that any big bill like that would need.

8031 And, you know, I would say to my colleague Mr. Barton,

8032 you know, you voted, you say you liked a lot of the  
8033 legislation but you voted against the Affordable Care Act.  
8034 Why can't we start now? We tried for 6 years, but we can  
8035 start now, take the bill and try and make it more workable  
8036 for everyone. And I yield back.

8037 The Chairman. The gentlelady's time has expired. Are  
8038 there other members seeking recognition on the Pallone  
8039 amendment? Okay, we will go to Mr. Butterfield, is  
8040 recognized to speak on the amendment.

8041 Mr. Butterfield. Thank you very much, Mr. Chairman.  
8042 Mr. Chairman, let me rise in support of the Pallone  
8043 amendment. Mr. Pallone's amendment accurately describes what  
8044 will happen if this legislation in fact passes. If you don't  
8045 believe it, just wait for the CBO score that is going to be  
8046 published next week.

8047 Let me draw your attention to the incredible impact that  
8048 the Affordable Care Act has had on individuals and the  
8049 lifesaving benefits it has created for people in my district  
8050 in eastern North Carolina. Since the ACA was signed into  
8051 law, millions of Americans have gained access to quality  
8052 healthcare services and hundreds of thousands more have seen  
8053 their health insurance improved.

8054 The ACA has played a significant role in reducing worry

8055 among Americans who previously struggled to pay unaffordable  
8056 medical bills when they got sick. We cannot afford, Mr.  
8057 Chairman, to go back to the days when Americans were forced  
8058 to pay more money for less coverage and when insurance  
8059 companies rationed the care people received. My constituents  
8060 do not want to go back to the days when healthcare  
8061 emergencies could bankrupt families. This harmful bill rolls  
8062 back the clock and will rip health care away from my  
8063 constituents, and whether you believe it or not from your  
8064 constituents.

8065 And Chairman Walden, my constituents have made it clear  
8066 the ACA saves lives. Today I want to share the story of  
8067 Julie Chamberlain who lives and works in my district in  
8068 Greenville, North Carolina. Julie, Mr. Chairman, is 55 years  
8069 old and for the first time in her adult life she is able to  
8070 afford health insurance because of the ACA even though she  
8071 has a preexisting condition. Before the ACA's enactment  
8072 Julie tried to get coverage but could not afford the  
8073 expensive policies she was being offered due to her  
8074 preexisting condition.

8075 Mr. Chairman, repealing the ACA will endanger health  
8076 care for millions of Americans. Julie is just one of them.  
8077 And because she is over 50 years of age, Julie is at risk of

8078 no longer being able to afford health insurance under the  
8079 replacement plan because this bill will allow insurance  
8080 companies to charge much higher premiums for older Americans  
8081 than they were allowed to charge under the Affordable Care  
8082 Act. In fact, the bill is estimated to raise premiums for  
8083 older Americans by \$3,200. That is a lot of money for people  
8084 trying to put food on the table and trying to pay for their  
8085 children's education and to keep up with their bills. People  
8086 simply cannot afford that amount of money and would lose  
8087 coverage all together.

8088 At the thought of losing her coverage, Julie said, and I  
8089 quote, I know if the ACA is repealed I will not have health  
8090 insurance any longer and I worry tremendously about losing my  
8091 coverage, end of quote. Please listen to Julie and the  
8092 millions of Americans like her who are living in a state of  
8093 worry that this bill will make their health care  
8094 unaffordable.

8095 Julie's story is just one of more than 35,000 people in  
8096 my district alone who now have insurance as a result of the  
8097 ACA. I heard from many of them on Saturday, February 25th,  
8098 when I had a town hall meeting in Durham. Like many of my  
8099 Democratic colleagues I heard from more than 600 constituents  
8100 who support the ACA.

8101 Even though my Republican colleagues fear public  
8102 interaction and are missing in action, the voices of my  
8103 constituents deserve to be heard. Like Julie, many of these  
8104 individuals would no longer be able to afford health  
8105 insurance, healthcare insurance, if this is repealed. This  
8106 bill is also alarming because it would prevent states like  
8107 North Carolina -- and I do not trust my state legislature --  
8108 like North Carolina that did not expand Medicaid from  
8109 choosing to expand it in the future. This bill stands to  
8110 block more than 650,000 North Carolinians from gaining  
8111 coverage under Medicaid if the state expands the program in  
8112 the future.

8113 The fact that my colleagues across the state, across the  
8114 aisle, continuously propose ways to reduce health coverage  
8115 for Americans, many of whom reside in my district, is  
8116 unacceptable. I will do everything within my power to  
8117 protect the many North Carolinians and Americans who rely on  
8118 the coverage and protections provided under the ACA. I urge  
8119 my colleagues to oppose this harmful bill and I support the  
8120 amendment offered by Mr. Pallone. I yield back.

8121 The Chairman. The gentleman yields back the balance of  
8122 his time. The chair recognizes the gentleman from Kentucky,  
8123 Mr. Guthrie, for 5 minutes to speak on the amendment.

8124 Mr. Guthrie. Thank you, Mr. Chairman. I know earlier  
8125 you talked about that we did vote different bills and all the  
8126 votes that people are saying was just to repeal Obamacare  
8127 there were bills that we all voted for that were to improve  
8128 and try to help people that were being affected by Obamacare.

8129 And in 2015, a bill I authored, and it was a bipartisan  
8130 bill, Congressman Cardenas and I authored a bill, it was  
8131 voice voted on the House floor, voice voted on the Senate and  
8132 October 7th it was signed by President Obama. And this is  
8133 what the bill did. Obamacare was set to force states to  
8134 change the definition of a small group market from 1 to 50  
8135 employees to 1 to 100 employees. This meant that the  
8136 employees across the country were about to be forced into  
8137 plans loaded with mandates and regulations like essential  
8138 health benefits, or EHBs.

8139 By giving states this option Republicans and Democrats  
8140 alike acknowledged two very important things. Now this is  
8141 important. We gave states choice and we protected employees  
8142 from the mandates in benefits and regulations like essential  
8143 health benefits. Not a single member on either side of the  
8144 aisle stopped the process and it cleared both houses of  
8145 Congress by a voice vote and signed by the President.

8146 So the question is why should individuals be treated any

8147 differently? Why would members on the other side of the  
8148 aisle discriminate on individuals who are out of work, why  
8149 wouldn't we allow the individuals to have the same  
8150 protections against the regulations and mandates that would  
8151 raise prices for their health insurance that we gave to  
8152 people in the small business market?

8153 We also learned that states respond well given choice.  
8154 There is a map that has been posted, 46 states when we gave  
8155 them the option to not change the definition of a small group  
8156 market from 1 to 50 to 1 to 100 responded to that. We should  
8157 give patients relief from mandates and regulations and give  
8158 states the choice to allow that for individuals like we did  
8159 for people in the small business market. And I yield back.

8160 The Chairman. Will the gentleman yield?

8161 Mr. Guthrie. Yes, I will yield.

8162 The Chairman. I appreciate the gentleman because I  
8163 think it is important along this context. I know during that  
8164 2010 year, if memory serves right, I think led by Mr. Shimkus  
8165 and others there was a request of the then majority to do  
8166 oversight of Obamacare, some 13 different requests that we  
8167 sort of quickly documented, and of course they were denied.

8168 But I want to share a story too because it is more,  
8169 there are stories out there where Obamacare has been a

8170 negative. Mrs. Dana O., a Klamath County rancher, she wrote  
8171 to me just a few days ago and said, quote, please repeal  
8172 Obamacare and give us some relief. Our health insurance for  
8173 two, the standard Silver, is \$1,850 a month. We cannot  
8174 afford that so changed to standard Bronze, half the coverage  
8175 and still costs more than the standard Silver did last year.  
8176 It is \$1,501 a month. On top of that we paid \$11,000 in  
8177 medical bills. This is totally outrageous. We are cattle  
8178 ranchers. Our product has lost 30 percent of its value in  
8179 the last 2 years, government is forcing us out of business,  
8180 please continue to support repeal of Obamacare.

8181 Ms. April J. from Deschutes County, a small business  
8182 owner, wrote me in October and said, I received a letter  
8183 today from my insurance company, Providence. They won't be  
8184 offering my plan next year. In order to get a plan similar  
8185 to what I have currently, \$939 a month, my new premiums will  
8186 be \$1,503 a month, an increase of \$564 per month.

8187 By the way this plan is for a family of three who is  
8188 self-insured as we own our own small business. That means I  
8189 must somehow work an extra 65 hours a month more in order to  
8190 pay for health care for my family or I drastically raise my  
8191 prices to cover the cost which then in turn makes it more  
8192 difficult on my customers. Does anybody understand this

8193 major domino effect that is happening? In the last 3 years  
8194 my premiums have gone from \$685 a month up to 1,500 a month,  
8195 18,000 a year.

8196 So this law is actually hurting people in my district.  
8197 We have expanded Medicaid in my district. We kick no one off  
8198 who is on it today. They are grandfathered in at the higher  
8199 reimbursement rate, so they are there. And so we are trying  
8200 to strike this balance where we repair this individual market  
8201 that inescapably, factually, is collapsing. It is  
8202 collapsing. Last year there were 225 counties where you only  
8203 had one choice. This year it is 1,022. I believe there are  
8204 five states where there is one choice. That was before  
8205 Humana came out of the market and before Aetna's CEO said it  
8206 is in a death spiral.

8207 We are trying to save this market. We are trying to get  
8208 to where people like Dana and April can afford insurance for  
8209 their families. The gentleman's time has expired. Are there  
8210 others on this? I recognize Ms. Matsui for 5 minutes to  
8211 speak on the amendment.

8212 Ms. Matsui. Thank you, Mr. Chairman. I move to strike  
8213 the last word and I support the Pallone amendment. I support  
8214 this amendment in honor of my constituent Elizabeth.  
8215 Elizabeth is the mother of a young daughter with type 1

8216 diabetes and she wrote to me, quote, no parent wants her  
8217 child to get sick and especially not get a chronic, life-  
8218 threatening disease, but that is a life we are now living.  
8219 She wrote to me about her daughter's future and her concerns  
8220 for her for her entire family. As she so eloquently said,  
8221 quote, my family's very existence is dependent on my child's  
8222 access to health care, end quote.

8223 Elizabeth and her husband are teachers. She has, quote,  
8224 done the math. If we had to pay out-of-pocket for our  
8225 daughter's health care it would cost more than an entire  
8226 year's salary for a teacher, but what could we do? The only  
8227 choice is to keep her alive and this is going to be a  
8228 constant concern for the rest of her life, unquote.

8229 Mr. Chairman, Elizabeth asked me to fight to keep health  
8230 care for the most vulnerable. That is why I am sharing her  
8231 story today. We should be working together. All of us know  
8232 Elizabeths in our lives. We should be working together to  
8233 improve the Affordable Care Act and build on the progress we  
8234 have made, not rushing to tear it down. We should be trying  
8235 to make access to health care easier for Elizabeth and her  
8236 daughter and the millions of parents and children like them.  
8237 Instead, this Republican bill would rip health care away from  
8238 millions of Americans for all but the healthiest and

8239 wealthiest in our nation. We are offering them less  
8240 coverage, fewer protections, and higher costs.

8241 My Republican colleagues seem to be telling the American  
8242 people to cross their fingers and hope they never get sick.  
8243 But as Elizabeth and so many families in every community in  
8244 our country know, sometimes that is not how it goes. Mr.  
8245 Chairman, these families deserve better than being asked to  
8246 pay more for less care. Thank you, and I yield the remainder  
8247 of my time to Mr. Lujan.

8248 Mr. Lujan. Thank you, Ms. Matsui. And since we are  
8249 quoting governors and talking about governors, there is a few  
8250 articles that I wanted to reference so that our colleagues  
8251 are aware of them. There was a political article dated  
8252 February 20th of 2017, entitled, How Mike Pence used  
8253 Obamacare to Halt Indiana's HIV Outbreak.

8254 When then-Governor Mike Pence faced the worst public  
8255 health crisis to hit Indiana in decades he turned to  
8256 Obamacare, a program he vilified and voted against. In 2015,  
8257 as a rash of HIV infection spread through rural southern  
8258 Indiana, state health officials parachuted into Scott County  
8259 and enrolled scores of people into Obamacare's expanded  
8260 Medicaid program so they could get medical care and substance  
8261 abuse treatment. Many were addicted to opioids and had

8262 contracted HIV by sharing dirty needles.

8263 On March 7th, Oregon Governor Kate Brown said Tuesday  
8264 that Republicans' healthcare replacement proposal for the  
8265 Affordable Care Act moves health care backward. In a  
8266 statement, the Democratic governor said Tuesday that since  
8267 the Affordable Care Act, also known as Obamacare, took  
8268 effect, Oregon's uninsured rate has dropped from 17 percent  
8269 to 5 percent with 95 percent of Oregonians now insured. She  
8270 predicted the Republican plan would reduce Oregonians' access  
8271 to care and increase costs for women and seniors.

8272 Other quotes that I think are important to note for my  
8273 colleagues, Club for Growth opposes RyanCare. That is the  
8274 first time I have seen that -- RyanCare. Americans for  
8275 Prosperity, take it back to the drawing board they said on  
8276 3/5/2017. Americans for Prosperity, Koch Brothers, and  
8277 Freedom Partners oppose the House bill. Heritage Action,  
8278 Republicans should begin a genuine effort to deliver on  
8279 longstanding campaign promises that create a free market  
8280 healthcare system and empowers patients and doctors.

8281 FreedomWorks, it allows insurance companies to assess a  
8282 30 percent penalty on those who don't keep continuous  
8283 coverage for 63 days. They oppose it for a different reason,  
8284 but they go on to say: which is an individual mandate by any

8285 other name. Many other quotes, Mr. Chairman, that I plan to  
8286 share with our colleagues tonight, and with that I yield  
8287 back.

8288 The Chairman. The gentleman yields back the balance of  
8289 his time. The chair recognizes the gentleman from Ohio, Mr.  
8290 Latta.

8291 Mr. Latta. Well, thanks, Mr. Chairman, and I would like  
8292 to rise in opposition. I know we have been talking about a  
8293 lot of our constituents, but I would like to also contribute  
8294 what I have heard from my constituents from Perrysburg. I  
8295 wish to address the Affordable Care Act that was put through  
8296 by President Obama. I do not have insurance. However, I  
8297 self-pay my doctor bills and do not ask the government for  
8298 any assistance.

8299 The thing I am upset about is that I will be penalized  
8300 for not having insurance, probably around a thousand dollars  
8301 this year. I think that my money would be better spent being  
8302 saved by me in case I need to go to the doctor. My husband  
8303 left me after 38 years and my insurance left also. I work  
8304 hard and save my money. I was also working 30 hours per week  
8305 before the law was passed and now I am only allowed to work  
8306 24. I was hurt by Obamacare. Why does the government need  
8307 my money?

8308           From Delphos, I am on the exchange and there is only one  
8309 provider available. However, they do not offer any services  
8310 in Delphos. To sign up with them I would have to give up my  
8311 family doctor, my wife's ophthalmologist, my orthopedic, and  
8312 my hospital of choice. I was out with a company this past  
8313 week, they have about 50 employees. They received their  
8314 insurance quote for this coming year of a 44 percent  
8315 increase. Instead of giving their employees raises or buying  
8316 more machinery, they can hire more people; they will be  
8317 paying more for insurance.

8318           Another small company of 15 received theirs, 65 percent.  
8319 Another constituent told me that he has insurance but he  
8320 really doesn't have insurance because he can't afford to use  
8321 it because of the high premiums and the high deductibles. A  
8322 constituent from Monclova, I would like to see some changes  
8323 in the healthcare law with regard to insurance premiums. We  
8324 are a family of four. My husband has had numerous surgeries  
8325 in the past 15 years.

8326           Before Obamacare we could afford insurance and not have  
8327 a very high deductible and be able to pay for the lifesaving  
8328 medical services that were provided. Since Obamacare our  
8329 insurance premiums have gone up every year along with a very  
8330 high deductible. This is about the same amount that we pay

8331 for our mortgage. Our deductible is \$5,000. We are in debt  
8332 approximately \$17,000 in just medical bills. We can barely  
8333 make payments on all the bills plus pay our premium each  
8334 month. Something has to be done. We did not struggle with  
8335 this before Obamacare, please help.

8336 From Leipsic, I do not believe Obamacare is the answer  
8337 because of the rising costs and the refusal of some doctors  
8338 to take on certain insurance companies. My husband is 63 and  
8339 I am 62. Together we have a check for \$2,300 each month  
8340 going to health insurance. This expensive policy has a 3,000  
8341 deductible each or \$6,000 for both of us. Since we are both  
8342 on expensive meds, we end up paying an additional \$6,000.

8343 My husband is self-employed, we are responsible for  
8344 paying our own. Because of the rising cost of health  
8345 insurance we are making our employees pay a higher cost each  
8346 year. However, we have been losing money so we had to close  
8347 the business and four men lost their jobs. As for husband  
8348 and myself, there is light at the end of the tunnel when we  
8349 finally hit 65-1/2. But in the meantime that leaves little  
8350 funds left to put away for our retirement as we draw closer  
8351 to that time.

8352 Our son and his wife who were on Medicaid last year  
8353 found that they were very limited to doctors and hospitals

8354 that they could use. They could not keep their current  
8355 doctors. I know that you have a huge task ahead trying to  
8356 come up with a new plan, but I wanted to give input in what  
8357 was happening to us in northwest Ohio and in Middle America.

8358 Mr. Chairman, I yield back the balance of my time.

8359 The Chairman. The gentleman yields back the balance of  
8360 his time. Are there other members wishing to speak or can we  
8361 go to a vote? Oh, I am sorry. Yes, if the people will  
8362 suspend. The gentlelady from California has a UC to put some  
8363 things in the record.

8364 Ms. Eshoo. Mr. Chairman, I ask for unanimous consent to  
8365 place two documents in the record, one from a Dr. Muller in  
8366 my district, the other a U.S. News and World Report piece by  
8367 David Entwistle who is the CEO of Stanford Medical Center.

8368 The Chairman. Without objection, those documents will  
8369 be entered into the record.

8370 [The information follows:]

8371

8372 \*\*\*\*\*COMMITTEE INSERT 13\*\*\*\*\*

8373 Ms. Eshoo. Thank you very much.

8374 The Chairman. The chair now recognizes the gentlelady  
8375 from Florida, Ms. Castor, for 5 minutes to speak on the  
8376 amendment.

8377 Ms. Castor. Well, thank you, Mr. Chairman, for  
8378 recognizing me. I think that Mr. Pallone's amendment  
8379 renaming the bill the Pay More For Less bill is very apt. It  
8380 is a much better description of what will happen if this is  
8381 enacted into law. And you don't have to take it from me, the  
8382 opposition has been pouring in all day and I thought I would  
8383 reference just a few of them.

8384 The American Medical Association has come out in  
8385 opposition to the bill and they say, in part, more than 20  
8386 million Americans currently have healthcare coverage due to  
8387 the Affordable Care Act, and among the AMA's highest  
8388 priorities for ongoing health system reform efforts is to  
8389 ensure that these individuals maintain that coverage. While  
8390 we agree that there are problems with the ACA that must be  
8391 addressed, we cannot support the GOP bill as drafted because  
8392 of the expected decline in health insurance coverage and the  
8393 potential harm it would cause to vulnerable patient  
8394 populations. They sign off as, and critically we urge you to  
8395 do all that is possible to ensure that those who are

8396 currently covered do not become uninsured.

8397 Easter Seals has also weighed in, in opposition. They  
8398 say Easter Seals -- and remember, they are the leading the  
8399 nonprofit organization that helps individuals with  
8400 disabilities access their community and especially under  
8401 Medicaid. Easter Seals is greatly concerned that the GOP  
8402 bill removes the federal funding guaranteed that currently  
8403 exists in Medicaid.

8404 People with disabilities rely on Medicaid-funded  
8405 services such as attendant care, adult day, and home health  
8406 services to remain in their homes and communities.  
8407 Restricting Medicaid resources by capping the federal amount  
8408 available to states and including further reductions based on  
8409 aggregate Medicaid expenditures will further limit access to  
8410 services.

8411 The National Nurses United also opposes the GOP bill.  
8412 On behalf of the 150,000 registered nurse members of National  
8413 Nurses United we urge you to oppose the GOP bill. The  
8414 American Health Care Act poses a mortal threat to the health  
8415 and well-being of our patients and to the health security of  
8416 our country. In fact, there is not a single aspect of this  
8417 legislation that will benefit our patients who lack the  
8418 healthcare services they need.

8419           The Leukemia & Lymphoma Society also say that on behalf  
8420 of their society and the 1,200,000 Americans living with a  
8421 blood cancer diagnosis they are writing to urge leaders and  
8422 members of the Energy and Commerce and Ways and Means  
8423 Committee to vote no on the GOP bill. The Trust for  
8424 America's Health, they are a nonprofit, nonpartisan  
8425 organization, they say under the proposed bill millions could  
8426 lose health insurance and we are particularly concerned about  
8427 access to health coverage for those with limited incomes.

8428           Without affordable insurance coverage for these  
8429 individuals we will see increased levels of preventable  
8430 illness, injuries, and death. In addition, we believe that  
8431 it is important to guarantee that all insurance both public  
8432 and private offers evidence-based, preventive services  
8433 without cost to the patient.

8434           There are many more and they are going to keep pouring  
8435 in, I am afraid, because what they want us to do is what the  
8436 Democrats have been offering to do. Let's slow this down,  
8437 let's begin to work together. I have listened very closely  
8438 to my colleagues' stories from their districts. Remember, it  
8439 is not collapsing everywhere. In Florida we have 1.7 million  
8440 Floridians who went into healthcare.gov and found affordable  
8441 health insurance. In my neck of the woods we have a

8442 competitive market.

8443 So why don't we sit down and work together on how we  
8444 broaden competition in areas of the country that don't have  
8445 it? We know there is nothing in the bill to tackle the high  
8446 cost of pharmaceuticals. That is an area that I would hope  
8447 we could sit down to, but turning this into a more  
8448 inefficient, costly system where people don't have insurance  
8449 and then the folks with insurance have to pick up the tab  
8450 because our other neighbors will have access but they won't  
8451 have coverage that provides financial stability in their  
8452 lives, that is not the way to solve this problem. It is  
8453 costly, it is inefficient, and we owe the American people  
8454 much more. I yield back the balance of my time.

8455 The Chairman. The gentlelady yields back the balance of  
8456 her time. The chair is going to recognize the gentleman from  
8457 Oklahoma, Mr. Mullin, for 5 minutes to speak on the  
8458 amendment.

8459 Mr. Mullin. Thank you, Mr. Chairman, and I will say I  
8460 rise to oppose the amendment. There has been a lot of talk  
8461 about this not being affordable or we are stripping it away  
8462 from the American people, and I know my colleague from  
8463 Florida who just got done speaking was talking about it is  
8464 working in Florida. Well, it is not working in other places.

8465 In Oklahoma alone, through the exchange we saw 76  
8466 percent increase. In Arizona last year alone, we had 116  
8467 percent increase. Why are the premiums skyrocketing? It is  
8468 because of the mandates from Obamacare. It is not affordable  
8469 and our colleagues on the other side know this. So why are  
8470 they arguing? Why are they having this conversation? We are  
8471 talking about being honest with the American people. They  
8472 know it was failing regardless of who got elected in  
8473 November. If it was Hillary Clinton or current President  
8474 Trump, we were going to be in this hearing room and we were  
8475 going to have a discussion about health care of the American  
8476 people.

8477 Why is it that all of a sudden this is such a surprise  
8478 to the other side? Many of my colleagues from the other side  
8479 came to us and said, hey, we are going to have to work  
8480 together on this, are you willing to help us? My question to  
8481 them was why? It is yours. It is your baby, you fix it.  
8482 And I was surprised by the answer that I received. Well, if  
8483 we don't we are going to go to a single-payer system, really?  
8484 If we are going to be honest with the American people then  
8485 let's be honest with our intentions.

8486 What are the options here? We know we can't keep it the  
8487 way it is going, it is not sustainable. Insurers are pulling

8488 out of the market, there are fewer choices for the American  
8489 people, but yet our colleagues on the other side continue to  
8490 want to argue for a failed policy even to the point of saying  
8491 it cost our colleagues 50 seats but we stood with it. The  
8492 American people spoke up and said it is failing.

8493 That is why you lost 50 seats, not because it is the  
8494 right policy, it is because it was a failed policy. Yet we  
8495 are still here and we have been in markup since 10:30 a.m.  
8496 and we haven't had one single vote. Because of a delay  
8497 tactic, maybe it is just because you guys have nothing better  
8498 to do? I am not trying to be insulting, but if we are going  
8499 to get started on fixing something that you know is broke at  
8500 what point do we start having an open conversation? I have  
8501 many friends on the other side of the aisle. I am open and  
8502 willing to talk to people when we can have a reasonable  
8503 conversation.

8504 But you can't honestly look at the camera and say that  
8505 this bill is perfect and that it wasn't failing. You can't  
8506 honestly say that there is more access and it is more  
8507 affordable today than it was in 2010. That conversation  
8508 cannot happen. So what is the option, do nothing and let it  
8509 fail? Go to what plan B was for you guys to a single-payer  
8510 system, or put it back in control of the American people? I

8511 think the American people made it very clear they want  
8512 control of their health care, not a bunch of bureaucrats in  
8513 Washington, D.C. With that I yield back.

8514 The Chairman. The gentleman yields back the balance of  
8515 his time. Are there others seeking recognition? The  
8516 gentleman from Vermont, I believe, is next. Oh, did the  
8517 gentleman from California, Mr. McNerney, want -- you too,  
8518 okay. We are trying to stay in seniority. I don't want you  
8519 two to get cranky with each other, so we will -- are you,  
8520 yes. So we will go with the gentleman from California since  
8521 he is so much more senior than the gentleman from Vermont.  
8522 Mr. McNerney, you are recognized for 5 minutes.

8523 Mr. McNerney. Thank you, Mr. Chairman. I strike the  
8524 last word. I am in support of Congressman Pallone's  
8525 amendment to change the short title of the bill to Pay More  
8526 for Less. I do so in honor of a constituent, Denise  
8527 Jefferson. Denise Jefferson credits the ACA with saving her  
8528 life. She was diagnosed with colon cancer at age 41. Her  
8529 second cancer diagnosis came at age 59, this time ovarian  
8530 cancer. At the time, Denise had a good private insurance  
8531 policy even though it was very expensive due to her  
8532 preexisting condition.

8533 A few weeks after being diagnosed with ovarian cancer

8534 Denise received a letter from her insurance company. Well,  
8535 guess what it said. They informed her that they were  
8536 canceling her policy. She was told that she would only be  
8537 covered for the surgery, her policy would end after that. It  
8538 would not cover the required 5 months of chemotherapy to  
8539 treat her cancer.

8540 But luckily, the Affordable Care Act had just become  
8541 law. Because of the Affordable Care Act she was able to  
8542 secure a policy to cover her cancer treatment and scans.  
8543 Denise says that had it not been for the ACA she would not be  
8544 alive today. Unfortunately Denise's story is not unique.  
8545 She is among the millions of people who have received  
8546 important health care because of the Affordable Care Act,  
8547 care they would not have access to before the Affordable Care  
8548 Act was enacted.

8549 Today we are marking up the Republican repeal bill, a  
8550 bill that will probably take away care for people like  
8551 Denise. It will penalize people who do not have continuous  
8552 coverage and punish those with preexisting conditions. The  
8553 provisions of the ACA saved lives. It has expanded health  
8554 care to more people than ever before, uninsured rates are at  
8555 a record low, people are able to get access to primary care  
8556 physicians, and this catches life-threatening conditions like

8557 cancer early enough to be effective for treatment.

8558 Mr. Chairman, can we have order?

8559 The Chairman. The gentleman may proceed.

8560 Mr. McNerney. People who have had cancer in the past no  
8561 longer have to worry about coverage. Because of the ACA,  
8562 insurance companies cannot deny coverage because of an  
8563 individual has preexisting conditions. We have made great  
8564 progress in regards to healthcare coverage and healthcare  
8565 access. That is why I support Congressman Pallone's  
8566 amendment.

8567 Now before close I would like to talk about my friend,  
8568 the gentleman from Illinois', remarks earlier today. Let's  
8569 face it, health care is tough. It is going to be expensive.  
8570 It is clear that the Democratic Party believes that the  
8571 Affordable Care Act has been successful but needs  
8572 improvement. It is also clear that the Republicans believe  
8573 that the ACA is in a death spiral as we often hear and that  
8574 this bill would improve things. Naturally, the Democrats  
8575 don't agree with that idea and here is why. The Republican  
8576 bill eliminates the fees needed to keep premiums and  
8577 deductibles down. I don't see how that will do anything but  
8578 cause premiums and deductibles to increase.

8579 But the gentleman is right, the Democrats paid a big

8580 price for enacting the Affordable Care Act and now the  
8581 Republicans are setting themselves up to pay a very big  
8582 price. Now in the House of Representatives the majority does  
8583 its will if it has a will, which is in doubt in this case,  
8584 but I caution you, be careful what you wish for.

8585 On the other side you saw the turmoil we faced in 2009  
8586 and 2010 with our town halls and we got hammered in the  
8587 election. Now you all are getting hammered in town halls,  
8588 and I caution you, if you live in a competitive district you  
8589 are going to face a tough election.

8590 Mr. Chairman, I yield back.

8591 Mr. Doyle. Will the gentleman yield?

8592 The Chairman. The gentleman yields back.

8593 Mr. Doyle. Will the gentleman yield?

8594 Mr. McNerney. Who is asking?

8595 Mr. Doyle. Will you yield?

8596 Mr. McNerney. Yes. I yield.

8597 The Chairman. Very good.

8598 Mr. Doyle. I would just like to say to our friend from  
8599 Oklahoma, none of us think this bill is perfect. I have  
8600 never heard a single Democrat say that this bill was perfect.  
8601 We knew that it needed work and we wanted for the last 7  
8602 years to work with Republicans to try to improve this bill.

8603 You guys weren't very interested in that.

8604 I am not sure what the gentleman is talking about when  
8605 he talks about mandates. What mandate in the Obamacare bill  
8606 does he take issue with? Certainly not with preexisting  
8607 conditions or caps on benefits or letting your child stay on  
8608 the policy to 26. So I am curious, what is it we are  
8609 mandating?

8610 Mr. Shimkus. Will the gentleman yield?

8611 Mr. Doyle. Yes, sure.

8612 Mr. Shimkus. What about men having to purchase prenatal  
8613 care? I am just -- is that not correct?

8614 Mr. Doyle. Reclaiming my time.

8615 Mr. Shimkus. I am sure they --

8616 Mr. Doyle. Reclaiming my time.

8617 The Chairman. Whoa, whoa, whoa.

8618 Mr. Doyle. There is no such thing as ala carte --

8619 The Chairman. Regular order.

8620 Mr. Doyle. There is no such thing as ala carte  
8621 insurance, John. You know, you don't get to --

8622 Mr. Shimkus. That is the point. That is the point. We  
8623 want the consumer to be able to go to the insurance market  
8624 and be able to negotiate on a plan --

8625 Mr. Doyle. Reclaiming my time.

8626 The Chairman. Whoa, whoa.

8627 Mr. Doyle. You tell me what insurance company will do  
8628 that. There isn't a single insurance company in the world  
8629 that does that, John.

8630 The Chairman. The gentleman's time --

8631 Mr. Doyle. You are talking about something that doesn't  
8632 exist.

8633 The Chairman. The gentleman's time has expired. Are  
8634 there members on this side of the aisle that are -- yes, the  
8635 gentleman from Michigan, Mr. -- if we could have order. The  
8636 gentleman from Michigan, Mr. Walberg, is recognized for 5  
8637 minutes to speak on the amendment.

8638 Mr. Walberg. I thank the chairman, and as a freshman on  
8639 this committee I hesitated to speak up. But as I listened to  
8640 this amendment initially I thought it would be like in most  
8641 other committees, it would be put up for a few comments and  
8642 then withdrawn because it doesn't seem serious. It doesn't  
8643 seem serious at all.

8644 Bottom line is what has happened as a result of the  
8645 Affordable Care Act is what is not affordable. It has hurt  
8646 people. I was here in 2008, was sent home for 2 years of  
8647 R&R. The Democrat who defeated me voted for this thing, I  
8648 came back in 2010, and since that time I have continued to

8649 come back and the Affordable Care Act has continued to be a  
8650 problem in my district. I mean, let's get serious about  
8651 this. If anything is a pay-more-for-less act, we are talking  
8652 about the Affordable Care Act. Obamacare is a disaster.  
8653 Insurance markets are collapsing. We can't deny that.  
8654 Healthcare costs are soaring, patients are dwindling, their  
8655 choices are gone.

8656 We believe, and my colleague from North Dakota so  
8657 eloquently talked about the impact of markets and  
8658 competition, we live in a country we ought to expound upon  
8659 that. We have set and charted the course for the rest of the  
8660 world in competition. I come from the Great Lakes state. I  
8661 come from the motor capital of the world. We found for a  
8662 while we didn't compete and then we found out we needed to  
8663 compete and we came back, and products, quality, everything  
8664 has been brought about for the consumer.

8665 Premiums increased by an average of 25 percent this year  
8666 for the millions of Americans trapped in a failed Obamacare  
8667 exchange plan. Obamacare is unsustainable and it is hurting  
8668 far more than it is helping. Pay more for less, absolutely.  
8669 That is why we are doing this exercise. That is why we are  
8670 rescuing the people. My district in Michigan needs rescuing  
8671 from Obamacare.

8672           Let me just read some actual experiences, and like the  
8673 rest of you we could have a book here. Marty from Jackson,  
8674 Michigan, is retired and her husband is self-employed. In  
8675 2015, they purchased the Bronze policy with a premium of \$250  
8676 a month and a deductible of \$6,000 per person. In 2016,  
8677 their premiums nearly quadrupled to 989 a month. In November  
8678 of 2016, they canceled their health insurance because, why,  
8679 they could not afford the premiums increase in 2017. Now  
8680 they are both uninsured. That is the Affordable Care Act and  
8681 we are debating an amendment that says we are putting up  
8682 something that will cost people more? You have got to be  
8683 kidding.

8684           Gary from Grand Ledge, Gary was promised he could keep  
8685 his healthcare plan, but when Obamacare went into effect his  
8686 plan was canceled. Gary's health insurance monthly premium  
8687 has gone from \$450 a month prior to the Affordable Care Act  
8688 to \$1,100 a month. He can't afford to pay 13,000 a year for  
8689 health insurance. For the first time in his adult life he  
8690 and his family will be completely uninsured.

8691           Mary from Reading, her healthcare costs have gone from  
8692 about \$400 a month to more than \$1,700 a month under  
8693 Obamacare along with a huge out-of-pocket payment. She has  
8694 had to go with a plan she didn't want in order to be able to

8695 get cancer treatment across the state line in Indiana. Her  
8696 costs have gone up exponentially and she says she will go  
8697 bankrupt this year because of it. I could go on and on with  
8698 that.

8699 Again I thought that this would be an amendment,  
8700 Republican Pay More for less Care act would be something just  
8701 to postulate on, but I guess it is legitimate and yet is a  
8702 farce. That is why we are fighting this tonight because in  
8703 fact the Affordable Care Act was unaffordable and you paid  
8704 for more for less and you didn't have a choice. Let's give  
8705 the people a choice. I yield back.

8706 The Chairman. The gentleman yields back the balance of  
8707 his time. The chair now recognizes the gentleman from  
8708 Vermont, Mr. Welch, for 5 minutes to speak on this amendment.

8709 Mr. Welch. Thank you very much. Mr. Chairman, I think  
8710 this actually is an important amendment to allow all of us to  
8711 tell stories about individuals we represent, and as I have  
8712 been sitting here listening to the stories they are pretty  
8713 powerful. And some of the stories are about people who as a  
8714 result of the failure of the individual market suddenly find  
8715 themselves without insurance, high and dry. Some of the  
8716 stories are about people who never thought they would have  
8717 insurance within reach and they have it as a result of the

8718 Affordable Care Act and just in time. They have cancer.  
8719 They have kids with serious conditions.

8720 So then we tell our stories, but then we don't analyze  
8721 what the problem is. Mr. Shimkus, you talked about, you  
8722 know, the insurance that you want and it reminded me, I had a  
8723 neighbor. His name was Shorty Sawyer and he was somebody you  
8724 would know in your district. Incredibly hardworking, not  
8725 educated very well, used to do maple syrup. He used to cut  
8726 cord wood for sale, plow driveways, worked in the woods a  
8727 lot, and he managed through dangerous work to go without  
8728 injury for like 60 years. And one day in the woods he  
8729 dropped a tree on his shoulder and it was badly fractured,  
8730 and my neighbor was around and drove him down to the  
8731 hospital.

8732 And Shorty was very proud because he thought he had  
8733 insurance and it was company called Golden Rule and Shorty  
8734 had been paying into this insurance company for years, and he  
8735 didn't have much money so he thought he was doing the  
8736 responsible thing. He got to the hospital and found out that  
8737 his policy did not cover any kind of hospitalization.

8738 So he had been paying money forever, thought he had  
8739 coverage, he had a legitimate, I mean an incredible injury  
8740 out there in the woods and managed to get himself back to his

8741 car, found a neighbor who took him down, and the coverage he  
8742 had was nonexistent. And that is the problem about the  
8743 rhetoric about selling stuff across state lines. That is  
8744 fine. Under this bill you can do it. You can sell insurance  
8745 across state lines, but it has got to meet some standards.

8746 The Chairman. Actually that is not in the bill, just so  
8747 you know.

8748 Mr. Welch. Well, in the Affordable Care Act. My point  
8749 here is that the stories that we are telling that move each  
8750 of us as we tell them because it is real people with real  
8751 lives that need real insurance, they are both true. They are  
8752 both true. And if we are going to be like responsible to  
8753 solve the problems that you are talking about with people you  
8754 represent -- and by the way I have some people in Vermont who  
8755 are by and large in support of the Affordable Care Act in my  
8756 stories that are telling me to repeal it because they can't  
8757 afford it.

8758 Now I write back to them and I say you have got a  
8759 problem and we have a responsibility to fix it, but I have to  
8760 tell you repealing the healthcare bill won't solve your  
8761 problem. My view is it will make it worse, but we can have a  
8762 discussion and debate about that. But these stories are in  
8763 fact quite important because they are really true. They are

8764 both true. But if we disregard the reality of the experience  
8765 of your people and you disregard the reality of the  
8766 experience of the people whose stories we are telling, we are  
8767 ending up in the same place with a mixed up system and the  
8768 hardworking people in this country being insecure about  
8769 whether they have health care.

8770 You know, the folks who have plenty of money do not need  
8771 us to pass any bill at all. But the vast majority of  
8772 Americans, look, most of those folks they have like 20 or 30  
8773 or \$40,000 in for retirement. They are like a paycheck away  
8774 from losing a home. They don't even think of how it is going  
8775 to be possible for them to put their kids through school.  
8776 And health care has been outrageous. In one respect it just  
8777 marches, marches, marches up in its cost. No control over  
8778 the cost, and we are doing nothing about addressing the  
8779 structural cost in health care.

8780 You know, this fee-for-service system we all know is  
8781 broken, that is like time and materials. It is like telling  
8782 someone to build you a house. You don't want to know how  
8783 much it is going to cost. Just tell me how much time you  
8784 spend, how much materials you spend and we will pay the bill.  
8785 That is a disaster, to quote a certain American. So these  
8786 stories are not, in a way they are very compelling because

8787 they are real, but the reality of the story you tell does not  
8788 deny the reality of the story we tell. And doesn't that  
8789 suggest that there is some mutual obligation here to have a  
8790 final story that helps the folks you are talking about and  
8791 preserves the protections of the people we are talking about?  
8792 I yield back.

8793 The Chairman. The gentleman's time has expired. I  
8794 appreciate the gentleman's comments and I can assure the  
8795 gentleman that while in reconciliation we are constricted in  
8796 what we can do, but it is my intent as chairman of the  
8797 committee to pursue the cost drivers of health care and  
8798 hopefully in a bipartisan way. And as I say, we can't do  
8799 much of that here necessarily, but believe me I have had  
8800 people come to me and talk about the 340B program, I have had  
8801 them talk to me about a lot of things and I concur. So  
8802 hopefully when we get past this piece we can come together  
8803 and we can look at these in a very thoughtful way.

8804 You know, I heard the other day about a naloxone  
8805 injector. It is the same deal as EpiPen, at OHSU a ninefold  
8806 increase. They told me \$5,600. This is outrageous. So we  
8807 are going to look at these things, I assure the gentleman.  
8808 And I appreciate his tone, tenor, and his commitment to work  
8809 with us on that.

8810 I now recognize, let's see, who was next? I think Mr.  
8811 Johnson was next on our side of the aisle. Mr. Johnson.

8812 Mr. Johnson. Thank you, Mr. Chairman. You know, I have  
8813 heard the cries from our colleagues on the other side of the  
8814 aisle talking about slow this process down. You know, I am  
8815 here as are several of our colleagues on this committee  
8816 because of the pace at which the Affordable Care Act was put  
8817 in place in 2010. Mr. Chairman, I think you have gone way  
8818 beyond the point of reasonableness in allowing transparency  
8819 and debate on this very, very critical issue, because this  
8820 kind of transparency and debate did not occur when the  
8821 Affordable Care Act was put in place in 2010.

8822 Now I have heard talk about real people with real lives  
8823 and real problems. Let's look at some of those people in  
8824 Appalachia. Proctorville, Ohio, here is a story. We just  
8825 received notice from our healthcare provider that they are  
8826 discontinuing our individual healthcare plan because it  
8827 doesn't meet all the requirements of the new healthcare  
8828 reform laws known as the Affordable Care Act. As a result,  
8829 on our new renewal date they are transitioning us to a  
8830 healthcare plan that is compliant with Obamacare. Our  
8831 monthly premium will go from \$403.91 to \$1,591.82. That is a  
8832 400 percent increase. How can they call it an affordable

8833 health act when it will cost up to four times as much?

8834 Here is one in my hometown of Marietta, Ohio. In  
8835 January, my health insurance premium with Blue Cross Blue  
8836 Shield was \$876 a month. On 9/23, it went to \$2,200 a month  
8837 and last week it got canceled altogether. This is crazy. I  
8838 was planning to hire a marketing coordinator for my office in  
8839 December, but not now, not until I can figure out what my  
8840 costs will end up being.

8841 Here is one in Bellaire, Ohio. I am self-employed. My  
8842 wife and I have been on the Ohio Valley Health Plan for about  
8843 20 years. We had a bare-bones plan, \$722 per month 80/20  
8844 coverage with copays. This year it has changed to \$980 a  
8845 month, 60/40 coverage, \$4,500 deductible each -- that is  
8846 9,000 in deductible -- and higher copays. When I asked why  
8847 such a drastic change occurred with seemingly less coverage I  
8848 was told because they had to. My wife and I are 58 years  
8849 old. We are in good health. However, we are getting to the  
8850 age of maybe needing health care and now we are worried it is  
8851 not going to be there for us -- affordability.

8852 Here is another one. For the first time in several  
8853 years my husband and I will not be covered by health  
8854 insurance. My plan doesn't meet the Obama standards and is  
8855 being canceled. We do not qualify for any credits or

8856 subsidies. We cannot afford the expensive premiums being  
8857 offered. We are considering cutting back on some of our  
8858 customers in order to reduce our income so we can qualify for  
8859 assistance. Not only will we not have insurance, but we will  
8860 also be fined. This is ridiculous.

8861 Here is one in Carrollton, Ohio. Here is how their  
8862 premiums increased. He is a 58 year old married couple.  
8863 Neither my wife nor I are smokers. Under the Affordable Care  
8864 Act 2009, a \$544 a month premium, by 2015 it had increased to  
8865 \$1,346, look at that increase. Here is the big one. Get rid  
8866 of Obamacare comes a cry from my constituent in Richmond,  
8867 Ohio. It costs me \$20,000 per year for health insurance with  
8868 a \$9,000 deductible since Obamacare has started.

8869 Mr. Chairman, there is a big difference between coverage  
8870 and access. When you have a \$20,000 a year premium and a  
8871 \$9,000 deductible that is \$29,000 out of your pocket before  
8872 the insurance pays a dime. That is not access to affordable  
8873 health care. People aren't going to use their insurance when  
8874 it costs that much. I rise in opposition to my good friend  
8875 Mr. Pallone's amendment because it is simply not true. I  
8876 yield back.

8877 Mr. Shimkus. [Presiding.] The gentleman's time has  
8878 expired. The chair now recognizes the gentlelady from

8879 Colorado, Ms. DeGette, for 5 minutes.

8880 Ms. DeGette. Thank you so much, Mr. Chairman, and I am  
8881 glad you are in the chair because I want to talk about the  
8882 statement that you made earlier to Mr. Doyle about having to  
8883 get coverage for pregnancy. And the truth is, almost all  
8884 employer-based plans cover all the whole range of benefits  
8885 for people. What we are really talking about is the  
8886 individual market, and most people on your side of the aisle  
8887 are talking about these horror stories under the ACA in the  
8888 individual market.

8889 But as we established earlier this evening, earlier this  
8890 evening we established the essential benefits from the ACA  
8891 still stay in your bill. So what we need to do rather than  
8892 have a big, general debate about the ACA, we need to look at  
8893 this legislation that is pending before this committee today  
8894 and we need to see how is this pending legislation going to  
8895 impact what is happening in the ACA?

8896 Now before we had the ACA, only 12 percent of the  
8897 individual market covered maternity health care. And so what  
8898 that meant is if you were a woman -- and P.S., it is  
8899 International Women's Day, so maybe that is not the best  
8900 thing for you to be saying, Mr. Chairman -- is only 12  
8901 percent, so women by nature had to pay more for insurance

8902 because they were women because they might get pregnant or  
8903 need birth control or have issues. That was eliminated in  
8904 the ACA helping millions of women be able to afford their  
8905 maternity and child care and childbirth.

8906 Now, you know, you just have to look and see, does this  
8907 bill address the problem that you are trying to identify?  
8908 And what we are trying to say on this side of the aisle is  
8909 that in fact there are issues with the Affordable Care Act  
8910 and we know we need to fix them in a bipartisan way. We know  
8911 that. But what this bill does is it makes it even worse for  
8912 the people who have been able to get health care.

8913 And I want to talk just quickly about two people. Last  
8914 month I had a listening session in Denver for people to come  
8915 and talk about how the Affordable Care Act impacted them and  
8916 I had 200 people show up at this listening session. And of  
8917 course they couldn't all talk, but I got a lot of them to  
8918 write out cards, but a couple of them talked. Well, a lot of  
8919 them talked, but one of them was Amanda Miller.

8920 Now here is Amanda Miller. She is a young woman. She  
8921 and her, I think they are in their 20s, she and her husband  
8922 they changed jobs. So while they were unemployed they  
8923 decided they should buy an insurance policy on the exchange  
8924 because they are good citizens and they thought even though

8925 they are healthy what might happen. Right after that they  
8926 got in a terrible car accident when they were visiting her  
8927 parents at Christmas and a truck fell over on them. And as  
8928 she said to me, she said you could see more of my husband's  
8929 skull than you could see of his scalp. And she said if there  
8930 wasn't a car full of nurses following them he would have bled  
8931 out. Can you imagine? She stood there and said that in  
8932 front of 200 people.

8933 And she said that he has now had to have, I think, 19  
8934 operations and she said that their hospital bill of \$16,000  
8935 was paid in full because they were on the exchange. And now  
8936 she is worried because if you take that away from them, then,  
8937 number one, they wouldn't be able to pay for that  
8938 hospitalization; number two, he would have a preexisting  
8939 condition and his insurance rates would go through the roof.  
8940 And in fact, his health insurance company, Molina, said that  
8941 if the Republican bill today passes, premiums for people like  
8942 Amanda and everybody else are going to jump more than 30  
8943 percent in 2018 and that is on top of the current premium  
8944 increases that are projected under the ACA. How are people  
8945 like that going to pay for insurance?

8946 Just quickly, one other story I want to tell you is Lisa  
8947 Schomp of Denver. She got a neuroimmune disease and she only

8948 was able to work part-time. Because she only works part-time  
8949 she is not eligible for insurance through her employer. The  
8950 high risk pool had a long waiting list and she couldn't  
8951 afford the premiums. And so then she got more disease, so  
8952 she finally got a part-time job but she couldn't afford the  
8953 insurance. Finally, she went on the Medicaid expansion and  
8954 now she can afford treatment and she doesn't have medical  
8955 debt. What is going to happen to her?

8956 You know, before the ACA, addressing a serious illness  
8957 required two arduous battles, recovery and then repayment.  
8958 Before the ACA, the number one cause of personal bankruptcy  
8959 was medical bills. So we can sit here all night long, and I  
8960 suspect we may, and we can talk, you guys can talk about, oh,  
8961 all the people who were harmed by the ACA and we can talk  
8962 about the people who benefited, but in truth we have to see  
8963 if this bill solves the problem and I humbly submit that it  
8964 does not. We should scrap it, sit down, try to fix the  
8965 problem together.

8966 Mr. Shimkus. The gentlelady's time has expired, anyone  
8967 seeking recognition on the majority side? The chair  
8968 recognizes the gentleman from Pennsylvania, Mr. Costello, 5  
8969 minutes.

8970 Mr. Costello. Yes, very briefly. I just want to echo

8971 the sentiments that my colleague from Vermont said about the  
8972 fact that I think both sides do have stories and they are  
8973 both true and I think that is very much worth stating. It is  
8974 a point of frustration for me that it is now 9:20 and we are  
8975 certainly willing to be here for as many days as it takes and  
8976 we are on the first amendment when the hearing started at  
8977 10:30 and it is about the name of the bill rather than  
8978 substantive amendments.

8979 And I believe it would be very helpful in the spirit of  
8980 working together to have and advance the amendments that are  
8981 going to be offered. I believe as the ranking member  
8982 indicated there is going to be hundreds of them. And because  
8983 all these stories are true and because we all want to improve  
8984 our healthcare system, the earlier we get all these  
8985 substantive amendments and we move on to actually debating  
8986 the substantive amendments and not having motions to adjourn  
8987 on the House floor over and over and over again and reading  
8988 the text of the bill for an hour, all of which just wastes  
8989 time rather than dealing with fixing our healthcare law, I  
8990 imagine that every single person watching this on television  
8991 is waiting for us to actually talk about the amendments and  
8992 not delay or protract that discussion talking about what the  
8993 name of the bill is going to be or disrupting these hearings

8994 by having to go to the floor for motions to adjourn. I yield  
8995 back.

8996 Mr. Shimkus. The gentleman yields back his time. The  
8997 chair now recognizes the gentleman from New Mexico, Mr.  
8998 Lujan, for 5 minutes.

8999 Mr. Lujan. Thank you, Mr. Chairman. I want to thank  
9000 the staff for taking the time to read the bill at my request,  
9001 because everyone on this committee got a thorough reading of  
9002 the bill. And the complexities associated that are built  
9003 into this bill with the sections that are referenced that  
9004 were not read, I hope the members in this chamber take the  
9005 time to go and see where those references are and read those  
9006 parts of the bill so that they know what they are repealing.

9007 This is an important process. Making sure that we have  
9008 time to look at this language is critically important rather  
9009 than ramming it down the throats of the American people. No  
9010 hearings on this bill. This is the first day of hearings,  
9011 first one on this bill that was posted at 6:00 p.m. on Monday  
9012 night, I was told. So thank you to general counsel. I know  
9013 it wasn't easy. I tried to keep up with you. You were  
9014 trying to get through it pretty quickly and I respect that,  
9015 but at least it gave an opportunity to do that.

9016 In response to my colleague Mr. Johnson about the

9017 openness with this process, here is what one of our  
9018 colleagues said. Not exactly a progressive, I don't even  
9019 know that you could call him a moderate, very conservative,  
9020 self-identified leader in the U.S. Senate, his name is Mike  
9021 Lee. What Mike Lee said is this is exactly the type of  
9022 backroom dealing and rushed process that we criticize  
9023 Democrats for and it is not what we promised the American  
9024 people. We don't know how people will use this new tax  
9025 credit. We don't know how much it will cost. And we don't  
9026 know if this bill will make health care more affordable for  
9027 Americans.

9028 One of our former colleagues who is now in the U.S.  
9029 Senate --

9030 Mr. Johnson. Will the gentleman yield?

9031 Mr. Lujan. Yes.

9032 Mr. Johnson. One of your former colleagues named  
9033 Charlie Wilson voted for the bill and I took his place in  
9034 2010. I yield back.

9035 Mr. Lujan. Well, Mr. Johnson, I appreciate that. But  
9036 again, when Mike Lee says this is the kind of backroom  
9037 dealing that rushed the process through that Democrats were  
9038 criticized for I don't think you disagreed with me, you just  
9039 said you beat him, so kudos to you. It doesn't change that

9040 this is a backroom deal that didn't make the light of day --

9041 Mrs. Blackburn. If the gentleman would yield?

9042 Mr. Lujan. -- no, I won't -- until 10:00 p.m., or

9043 sorry, 6:00 p.m. on Monday night. Bill Cassidy went on to

9044 say that he called for a CBO score and wants to see how many

9045 people lose coverage, how much is added to the debt.

9046 Now Mr. Chairman, I know that Chairman Walden is not

9047 here so I don't know if Mr. Burgess might be able to answer

9048 this question or committee staff, Mr. Burgess being the

9049 chairman of the subcommittee. But Chairman Walden in

9050 response to Mr. Welch's observation that people could

9051 purchase insurance across state lines, Chairman Walden said

9052 that that is not in this version of the bill. At a press

9053 conference earlier today with Speaker Ryan, Speaker Ryan said

9054 that it will be in phase 3 of the bill. Can any one of my

9055 Republican colleagues enlighten us on that?

9056 Mr. Shimkus. Yes, if the gentleman would yield.

9057 Mr. Lujan. Yes, sir.

9058 Mr. Shimkus. So we have always talked about this being

9059 in three buckets, right. The first bucket is reconciliation

9060 which is the process going on today here in Energy and

9061 Commerce and Ways and Means. The second bucket is what

9062 Secretary Price can do through his power, and it is a lot,

9063 through HHS. The third bucket is going to have to move  
9064 legislation that crosses the 60-vote threshold in the Senate  
9065 that being one of them.

9066 Mr. Lujan. I appreciate that explanation, Mr. Chairman.  
9067 So again, will this committee get a score of how much this is  
9068 going to cost the American people based that this is built in  
9069 three phases? I don't know that any one of our colleagues  
9070 can answer those questions which is why several more of our  
9071 colleagues have gone on to say --

9072 Mr. Burgess. Will the gentleman yield on that?

9073 Mr. Lujan. Just 1 second, Dr. Burgess. I have a double  
9074 question for you as well. Michael Cannon from Cato, this  
9075 bill is a train wreck waiting to happen. National Review,  
9076 all in all through the bill is a disappointment. It is not  
9077 too late to get a second opinion. And Mr. Burgess, I would  
9078 be happy to yield to you because one thing I want to  
9079 understand, sir, is at CPAC you were asked a question about  
9080 the number of people being uninsured going up and you said  
9081 that so if the numbers drop, I would say that is a good thing  
9082 because we restore personal liberty in this country. And I  
9083 would yield.

9084 Mr. Burgess. On the issue of the CBO score, the CBO  
9085 score on this bill was requested in early January and we are

9086 still awaiting that result. We will not have a CBO score as  
9087 administrative functions --

9088 Mr. Lujan. Reclaiming my time.

9089 Mr. Shimkus. It is the time of the gentleman from New  
9090 Mexico, the gentleman from Texas.

9091 Mr. Lujan. If I can get clarification, Mr. Burgess, you  
9092 said you requested the score on this bill in January, but we  
9093 were told as late as Thursday that there was no bill that was  
9094 ready for the public to see? What is going on? I yield  
9095 back, yield to the chairman.

9096 Mr. Burgess. There have been drafts of this bill that  
9097 have been worked on and really going back into last year. So  
9098 the fact that we were going to --

9099 Mr. Lujan. Mr. Chairman, based on this revelation I  
9100 hope that the CBO scores --

9101 Mr. Shimkus. The gentleman's time has expired.

9102 Mr. Lujan. -- that have been made available to the  
9103 Republicans are made available to the minority, my goodness.

9104 Mr. Shimkus. The gentleman's time has expired. The  
9105 chair now recognizes the gentleman from Michigan, a former  
9106 chairman of the full committee, Mr. Upton.

9107 Mr. Upton. Strike the last word, please.

9108 Mr. Shimkus. The gentleman is recognized for 5 minutes.

9109 Mr. Upton. So I want to say I really appreciated the  
9110 remarks from the gentleman from Vermont, because those  
9111 personal stories really do drive us. We do know those people  
9112 on both sides the winners and losers. And for those of us on  
9113 this side, I think we have probably heard from more folks  
9114 that actually think that Obamacare has been a loser for them.

9115 I can remember going through a company in my district  
9116 and they were scared to death that because of Obamacare the  
9117 employer was going to drop their coverage and they would  
9118 simply pay a fine and they would be put into the exchanges  
9119 and they would lose a much better plan, and directly contrary  
9120 to the, you-can-keep-your-plan-if-you-like-it. And I can  
9121 remember a few years ago I actually had a bill on the House  
9122 floor that a good number of Democrats voted for with every  
9123 Republican that you could keep your plan if you liked it,  
9124 which was one of the underlying promises of the bill. It  
9125 passed the House, it did not get through the Senate.

9126 As I look at the good work that this committee did on  
9127 the 21st Century Cures, it is those personal stories that  
9128 drove every one of us to support that bill and we passed  
9129 unanimously. Joe Barton and I are among those that were here  
9130 in the '90s. We can remember a bill offered by, a bipartisan  
9131 package offered by Mr. Rowland and Mr. Bilirakis -- not Gus,

9132 but Mike -- that was bipartisan on health care. It wasn't  
9133 brought up because it would have defeated the Hillary plan  
9134 and the committee didn't want to take that embarrassing vote  
9135 and that was probably one of the reasons why the House  
9136 flipped in the '94 election because of that healthcare  
9137 debate, as I remember.

9138 So as we all think about our -- and, you know, I was one  
9139 as many of us here on this side believe that we did need  
9140 healthcare reform. We needed it on and we can remember those  
9141 stories on prescription drugs, going to senior centers and  
9142 watching seniors literally cutting the pills in half at  
9143 mealtime so that those pills would go twice as far, and that  
9144 is why we passed Part D. Great credit to President Bush 43  
9145 because that was a driving force for him, a wonderful  
9146 accomplishment that he campaigned on and delivered, and  
9147 seniors are much better off, I think, generally by about 85  
9148 percent approval rating of that new benefit that in fact the  
9149 Congress did.

9150 Now as we look at this bill I have to compliment the  
9151 many ideas that we have been working on for some time. We  
9152 have talked about the kids under 26 years old. We had just a  
9153 good number of students from Michigan State that were in the  
9154 audience. They are on a capitol tour, they like that

9155 provision that we have and it is bipartisan. We over here  
9156 like the HSAs quite a bit. And I have got to believe that at  
9157 the end of the day that is going to come through the Ways and  
9158 Means Committee so we can do that.

9159 Now most of us, all of us I hope, want to make sure that  
9160 preexisting conditions are not discriminated against as  
9161 people look for health insurance. No cap on insurance, I can  
9162 remember some of those big disease groups and all of a sudden  
9163 you would hear from constituents and they would be very  
9164 concerned that they were going to hit that target and no  
9165 longer be eligible for health insurance. We took care of  
9166 that.

9167 A number of us worked with our governors on both sides  
9168 of the aisle to make sure that there was a safety net, in  
9169 essence, for those states that expanded Medicaid and that  
9170 will last for all of them with new entrants through 2019  
9171 until they naturally move on with attrition whether they  
9172 become eligible for Medicare, get a job, whatever it might  
9173 be.

9174 So what I am saying is, these ideas I think that we have  
9175 retained make a good landing place for all of us in a  
9176 bipartisan way to say yes, there are healthcare reforms that  
9177 we want. These are some good ones, but what alarms us, and it

9178 has not happened here much if at all, is some of the comments  
9179 by some trying to derail this, trying to scare people by  
9180 saying oh, there is going to be huge Medicare cuts and, you  
9181 know, that type of thing. Medicare is not included in this  
9182 bill, you know, there are no cuts in this bill.

9183 And as we have had tele-town meetings and discussions  
9184 back at home as we have tried to listen to folks, there is a  
9185 genuine fear that in fact this bill does something that in  
9186 fact it does not. Now we provide those protections that we  
9187 want. I would like to think that we would have gone much  
9188 farther after nearly 11 hours than having one amendment that  
9189 is yet to be disposed of which only impacts the title, but we  
9190 are prepared to stay long, and at the end of the day at the  
9191 end of the process I hope that it can be in fact a productive  
9192 one that reaches the House floor and ultimately to the  
9193 President working with the Senate, and I yield back.

9194 Mr. Shimkus. The gentleman yields back his time. The  
9195 chair now recognizes, I believe, the gentlelady from New  
9196 York, Ms. Clarke, for 5 minutes.

9197 Ms. Clarke. I thank you, Mr. Chairman. I really rise  
9198 to support Mr. Pallone's amendment. We do believe that this  
9199 is a pay more for less scheme, and so I would like to support  
9200 this amendment in the honor of my constituent Mary

9201 Sunderland. Mr. Chairman, I am speaking on behalf of the  
9202 people of the 9th congressional district who in solidarity  
9203 with the women, men, and children who will be impacted by  
9204 this misguided piece of legislation.

9205 Mending our healthcare system is the most important  
9206 issue facing the American people. They deserve to know what  
9207 is in this bill. I have received hundreds of calls from  
9208 people in my district, real people whose lives have been  
9209 saved thanks to the Affordable Care Act. One constituent in  
9210 particular told me that ACA has immeasurably benefited her  
9211 family's health, financial security, and peace of mind.

9212 Mary Sunderland, her husband was diagnosed with cancer  
9213 of the salivary gland right around the time of their  
9214 daughter's first birthday. They were devastated. The  
9215 thought of their daughter losing her dad and being a young  
9216 widow was terrifying. At the same time her husband learned  
9217 the due to a merger he would likely be laid off from the job  
9218 where he had worked for the past decade. It was a terrifying  
9219 time for the family.

9220 But they found some comfort in the fact that thanks to  
9221 the ACA's cap on annual out-of-pocket expenses and provisions  
9222 about preexisting conditions, they could rest easy knowing  
9223 their family wouldn't be devastated by medical bills and that

9224 insurance companies wouldn't be able to deny them the  
9225 coverage that he was due, due to his health history. In the  
9226 end, Ms. Sunderland's husband underwent successful surgery to  
9227 remove his tumor and he was able to find another job.

9228 My constituent ended her conversation by saying our  
9229 family has been slowly recovering the hope and optimism that  
9230 we felt before his cancer diagnosis, but his cancer could  
9231 return at any time and even if it doesn't, if the ACA is  
9232 repealed he could be denied coverage as a cancer survivor.  
9233 My daughter needs her father, and losing the ACA would make  
9234 it more likely that she would grow up without him. They are  
9235 terrified at the prospect of losing the protections that the  
9236 ACA has provided to their family.

9237 And these are real statements from real people, real  
9238 people who are frightened to lose their health insurance,  
9239 because losing their health insurance means loss of access to  
9240 medication and lifesaving cures. 3.4 million New Yorkers  
9241 will lose their coverage if the ACA is repealed and if this  
9242 sham replacement is put in place. Millions more around the  
9243 country will lose their care altogether.

9244 At this time I would like to yield the balance of my  
9245 time to the gentle lady from Florida, Ms. Castor.

9246 Ms. Castor. Well, I thank Ms. Clarke for yielding the

9247 time. I wanted to follow up on Mr. Lujan's revelation and  
9248 because it appeared that he was able to elicit the fact that  
9249 the majority may have some documents related to CBO scoring.  
9250 And I would like to ask counsel, have you all talked with CBO  
9251 over the past couple of weeks on this version of this bill?

9252 The. Counsel. There have been ongoing discussions with  
9253 the various components of the bill with the Congressional  
9254 Budget Office.

9255 Ms. Castor. And were any of those communications done  
9256 in writing?

9257 The. Counsel. The communication takes place verbally  
9258 and in-person meetings generally.

9259 Ms. Castor. So there is nothing, there are no documents  
9260 in writing, no emails that were exchanged with the  
9261 Congressional Budget Office over how you score the bill or  
9262 portions of the bill?

9263 The. Counsel. Typically, conversations take place in  
9264 person because it is due to technicalities and --

9265 Ms. Castor. So typically it takes -- that is the way  
9266 this --

9267 The. Counsel. If I have received an email or other  
9268 staff have received email it is generally requesting time to  
9269 speak and time to meet and the conversations take place to

9270 get a better understanding of the technicality.

9271 Ms. Castor. Could you provide the documents to the  
9272 minority so that we can have a better idea? I mean, we are  
9273 being asked to vote --

9274 Mr. Shimkus. Will the gentlelady yield?

9275 Ms. Castor. I am happy to yield.

9276 Mr. Shimkus. I don't think that is an appropriate  
9277 request to provide counsel.

9278 Ms. Castor. But we are being asked to vote on a bill  
9279 that affects everyone across the country --

9280 Mr. Shimkus. We have a --

9281 Ms. Castor. -- without having any information and this  
9282 seems like there might be a source --

9283 Mr. Shimkus. The gentlelady's time has expired, but I  
9284 would just end by saying we are not conducting an  
9285 investigation at this time. Now the gentlelady's time has  
9286 expired. Who seeks time? The gentleman from Virginia, Mr.  
9287 Griffith, for 5 minutes.

9288 Mr. Griffith. Thank you, Mr. Chairman, and I appreciate  
9289 it very much. I find it interesting that we are currently  
9290 debating the title to the bill. And it is an interesting  
9291 principle of parliamentary procedure that one should not be  
9292 amending a bill unless if their amendment were to be adopted

9293 they plan to vote for the bill. So in essence that based  
9294 upon that principle the Democrats are telling us tonight that  
9295 if we merely change the title they would be able to accept  
9296 the bill.

9297 Now let me go back to Jefferson and Jefferson's Manual,  
9298 because while the committee process has changed over time,  
9299 while that process has changed over time they used to appoint  
9300 committees. They didn't have standing committees. Jefferson  
9301 lays out in his manual of parliamentary practice and  
9302 procedure that those who take exceptions to some particulars  
9303 in the bill are to be a part of the committee, but none who  
9304 speak directly against the body of the bill should be a part  
9305 of the committee dealing with amendments to the bill.

9306 That is where this whole principle of you don't amend  
9307 the bill unless if your amendment is adopted you are willing  
9308 to vote for it. He goes on to say, for he that would totally  
9309 destroy will not amend it. He who would totally destroy will  
9310 not amend it. The child, referencing the bill, the child is  
9311 not to be put to a nurse that cares not for it.

9312 So I would submit, ladies and gentleman, it appears that  
9313 the title is more important than the substance to my friends  
9314 on the other side of the aisle. Now I would hope that wasn't  
9315 the case, but it does seem that we have spent hours and hours

9316 and hours worrying about the title of this bill as opposed to  
9317 getting down to the policy. I have also heard as comments  
9318 have been made that the other side has been willing to work  
9319 with us, but my experience was early on and continued until  
9320 November was that every time we would raise some issue  
9321 related to the Affordable Care Act we were met with derision  
9322 and taunts that we were crazy or just didn't want to go  
9323 forward with this great plan they had.

9324           Tonight we hear they recognize their many problems  
9325 within it and they would love to work with us, but that isn't  
9326 what I heard before. Likewise, when we start talking about  
9327 documents and trying to get documents, our committee is still  
9328 trying to get documents which we were told we weren't going  
9329 to get from the Obama administration, trying to determine how  
9330 they came about the cost sharing subsidies without authority  
9331 to spend that money. It is in the bill but the money is not  
9332 in the bill, and the Democrat Senate removed the cost sharing  
9333 subsidy portions of, or the part that paid for that and yet  
9334 they continued in the Obama administration to spend that  
9335 money without any authority from Congress, we haven't been  
9336 able to get those documents.

9337           So before we start worrying about what documents may be  
9338 floating around out there about a CBO score, perhaps we can

9339 get some real information on the Affordable Care Act itself  
9340 and how they have been operating it without lawful authority.

9341 Now I also have stories from back home as we were all  
9342 out on the hustings over the last year. We have heard many,  
9343 many stories. We have all heard stories and I appreciate  
9344 that. But when a lady tells me that she is worried that it  
9345 is killing her family financially that her deductible is too  
9346 high, she stops me at a county fair and says her husband is  
9347 sick and as a result of that they are selling assets because  
9348 their deductibles are so high, their copays are so high they  
9349 can't afford the so-called Affordable Care Act and ask me to  
9350 get rid of it.

9351 I get letters, you know, on a regular basis from  
9352 constituents who tell me that they can't afford the  
9353 Affordable Care Act as it is called, that they don't  
9354 understand why this system is so poor, people who tell me  
9355 that it is hurting everything that they are doing, and then  
9356 conversations that just come up where parents are trying to  
9357 decide whether or not they buy the medication for their  
9358 children. This happened within the last couple of weeks,  
9359 whether or not they should buy the medication for their  
9360 children because it is not a life-threatening illness and it  
9361 might make them feel a little bit better, but their copay is

9362 so high and their deductible is so high that they are not  
9363 sure it is worth spending the money. They are having to  
9364 debate that in their households.

9365 So I submit to you that anybody who thinks that the  
9366 Affordable Care Act is in fact working is mistaken and we  
9367 need to be coming up with a new plan. I think this proposal  
9368 before us tonight is a good plan. It is far better than what  
9369 is currently on the table. I hope we will get on to passing  
9370 it, but if there are in fact some constructive amendments I  
9371 would like to see them because debating about a cute title to  
9372 poke fun at Republicans is not really wanting to work with  
9373 us, it is just playing more games. And I yield back.

9374 Mr. Shimkus. The gentleman's time has expired. Who  
9375 seeks time on the minority side? Seeing none -- oh, the  
9376 gentlelady from Michigan, Mrs. Dingell, is recognized for 5  
9377 minutes.

9378 Mrs. Dingell. Thank you, Mr. Chairman. I rise to  
9379 support the Pallone amendment. For the last several months  
9380 like many of my colleagues I have been traveling through my  
9381 district meeting with students, seniors, and working families  
9382 whose lives have been significantly impacted by the  
9383 Affordable Care Act. Since the ACA was enacted in 2010, the  
9384 uninsured rate in Michigan has fallen by more than 50 percent

9385 with nearly 700,000 residents gaining coverage.

9386           Everywhere I go people come up to me scared to death and  
9387 ask what is going to happen to their health care. I walked  
9388 in Starbucks a month ago and a woman just broke into tears.  
9389 That was a topic of a roundtable discussion I held in Taylor,  
9390 Michigan, with healthcare providers, labor leaders, and  
9391 working families to talk about what the ACA means to them.

9392           The story that struck me the most was from a local  
9393 clergyman, Bishop Walter Scargill who gained coverage for the  
9394 first time through the Medicaid expansion. He told me,  
9395 quote, the impact on black men with increased access to  
9396 insurance coverage is big. We didn't take care of ourselves  
9397 until it was too late, then we had to go to the ER.  
9398 Sometimes some of us died. Now we can go get checked out  
9399 early. I heard from a local UAW worker who told me, quote, I  
9400 come from a family where many of its members have struggled  
9401 with cancer. They would not have been able to have gotten  
9402 healthcare coverage after leaving their jobs or would have  
9403 gone bankrupt with the ACA.

9404           The stories don't stop there. A couple of weeks ago I  
9405 met with doctors, nurses, and patients at Beaumont Hospital  
9406 in Dearborn who told me that 60,000 Beaumont patients were  
9407 covered through Medicaid expansion. I heard the story of a

9408 56 year old mother of two who works full-time in a small  
9409 business of only three employees where no healthcare coverage  
9410 was offered and where she makes marginal income at best. She  
9411 did not have insurance prior to the ACA. When the  
9412 marketplace first opened she was so relieved.

9413 Since she signed up for coverage, she has suffered a  
9414 heart attack, an EGD, and a broken shoulder. The emergencies  
9415 were one thing, but the woman had not seen a doctor or had  
9416 preventive care in years. Her sister wrote to Beaumont and  
9417 wondered if perhaps her heart attack could have been avoided.  
9418 Now she is on heart medication covered by insurance and  
9419 getting healthier every day. She routinely goes and gets all  
9420 of her preventive screenings and is more vigilant about her  
9421 health than her siblings who have never been without health  
9422 insurance. Can you imagine what her bills would have been  
9423 without the ACA? Life would never have been the same for her  
9424 or her children. This is about real people and their lives  
9425 and making health care accessible at an affordable cost.  
9426 These are the people who will pay the price if the ACA is  
9427 repealed and Medicaid expansion is thrown out.

9428 And we keep talking of stories and there are stories on  
9429 both sides as my other colleagues have said, but we forget  
9430 about the people we were watching before the Affordable Care

9431 Act passed that were cutting their pills in half and that  
9432 couldn't afford to eat or were making decisions. We have to  
9433 make sure that we are not going to penalize people who  
9434 suddenly have hope and take that hope away from them again.  
9435 The ACA may not perfect, but it has significantly benefited  
9436 families in my district and across the country. We cannot  
9437 take that care away.

9438 Mr. Lujan, I yield my time to Mr. Lujan.

9439 Mr. Lujan. Thank you, Mrs. Dingell. And Mr. Chairman,  
9440 since I have been sharing some of these quotes I thought I  
9441 might continue. I think I ended with the National Review.  
9442 All in all, this bill is a disappointment and it is not too  
9443 late to get a second opinion. We heard from a conservative  
9444 commentator by the name of Avik Roy, House GOP's Obamacare  
9445 replacement will make coverage unaffordable for millions.  
9446 The critical mistake of the AHCA, it kind of sounds like a  
9447 cough, doesn't it, AHCA. The critical mistake of the AHCA is  
9448 the insistence on flat, non-means tested tax credits. The  
9449 flat credit will price many poor and vulnerable people out of  
9450 the health insurance market. ACA critic, Robert Laszewski on  
9451 the House GOP plan, it won't work; worse than Obamacare  
9452 itself.

9453 Mr. Chairman, I just certainly hope that we take time to

9454 read some of these articles and understand what others out  
9455 there especially from my friends on the other side of the  
9456 aisle, people that generally agree with your approaches to  
9457 legislation. I will close with this one. The Washington  
9458 Post Jennifer Rubin, voting without knowing critical facts of  
9459 the proposal --

9460 The Chairman. The gentleman's time has now expired.

9461 Mr. Lujan. -- arguably is the most irresponsible  
9462 display of governance in my lifetime.

9463 The Chairman. The gentleman's time has expired. Are  
9464 there any other members seeking recognition, of course there  
9465 are. Mr. Tonko, we are delighted to welcome you to this  
9466 party on this amendment, please proceed for 5 minutes.

9467 Mr. Tonko. Thank you, Mr. Chair. I move to strike the  
9468 last word. Mr. Chair, earlier you stated that this bill does  
9469 nothing to eliminate the essential health benefits in the  
9470 marketplace. But there seems to be some disagreement amongst  
9471 our Republican colleagues as to that thinking and also seems  
9472 to go against the rhetoric of Republicans about government-  
9473 mandated benefits. So my question for you is will you pledge  
9474 to the American people that your party will not eliminate or  
9475 reduce the essential health benefits portion of as it relates  
9476 to the marketplace as we move forward with negotiations on

9477 this measure?

9478 The Chairman. I am sorry, was that a question to me?

9479 Mr. Tonko. Right. Would you pledge to continue -- you  
9480 stated that there is nothing about eliminating the essential  
9481 health benefits in the marketplace with this bill, and I said  
9482 there seems to be some disagreement amongst your colleagues  
9483 about that thinking and it seems to go against the rhetoric  
9484 of Republicans that government-mandated benefits should not  
9485 be imposed on people. So my question is will you pledge to  
9486 the American people to not eliminate or reduce via your party  
9487 any of the essential health benefits in the marketplace?

9488 The Chairman. Well, here is what I will pledge is we  
9489 are going to save the individual marketplace from total and  
9490 utter collapse which is what it is on now.

9491 Mr. Tonko. It is about the essential health benefits.

9492 The Chairman. On the individual marketplace, as you  
9493 know, one out of every three counties has only got one choice  
9494 and it is getting skinnier than that going forward. So we  
9495 want to make sure that people have access to affordable  
9496 health insurance. That is what we are working on. I think  
9497 the counsels have addressed what this legislation does in its  
9498 present time on essential benefits which is generally --

9499 Mr. Tonko. I reclaim my time.

9500 The Chairman. Of course.

9501 Mr. Tonko. It was specifically about the essential  
9502 health benefits package that you say is not eliminated in  
9503 this bill. Will you pledge to the American public that you  
9504 and your party will keep those in place as we go forward on  
9505 these negotiations?

9506 The Chairman. I think we have had a discussion about  
9507 the essential benefits here today. There has certainly been  
9508 questions raised about them. I feel we have addressed those  
9509 questions going forward.

9510 Mr. Tonko. Do you pledge -- I reclaim my time. Do you  
9511 pledge to keep them in the bill as we go forward?

9512 The Chairman. Well, as you know we are in an open  
9513 legislative process as we speak, and I am going to let the  
9514 will of the --

9515 Mr. Tonko. So the answer is no?

9516 The Chairman. That is not quite what I said.

9517 Mr. Tonko. Do you answer not yes?

9518 The Chairman. It is your time.

9519 Mr. Tonko. Well, I will ask again. Will you pledge to  
9520 keep them in the package for the marketplace?

9521 The Chairman. Mr. Tonko, this is your time to debate  
9522 the bill, you are welcome to do that.

9523 Mr. Tonko. Well, I guess I didn't get an affirmative  
9524 answer to that. I rise in support of the Pallone amendment  
9525 today on behalf of all the constituents in my district who  
9526 have benefited from the Affordable Care Act. One of those  
9527 constituents Carol Bell who lives in Castleton-on-Hudson, New  
9528 York, shared her story with me and I would like to share it  
9529 with you.

9530 She states, I am 58 years old and am an ovarian cancer  
9531 survivor. I was diagnosed with late stage cancer in 2009.  
9532 At that time I was covered through my government job with a  
9533 \$4,000 annual deductible. I had excellent insurance but my  
9534 treatment took 18 months and was hugely expensive. Each  
9535 round of chemotherapy cost \$5,000. I stopped adding the  
9536 bills up at a half a million and they came very close to my  
9537 lifetime cap when my treatment was done. It cost millions of  
9538 dollars.

9539 In 2010, the ACA kicked in. I was a single mom putting  
9540 my daughter through college and would have been bankrupt for  
9541 the rest of my life without the ACA. Without the ACA laws  
9542 over the health community, I very likely would have been  
9543 capped in my lifetime benefit. It enabled her, she goes on  
9544 to state, to move closer to her daughter and to shift work  
9545 environments. After my cancer I never got my stamina back

9546 but had a demanding job that required a lot of travel. I was  
9547 too fatigued to be able to keep up so I retired early, though  
9548 I have since returned to the work force. And she goes on to  
9549 make mention of all this great activity that was covered by  
9550 the Affordable Care Act.

9551 And when I asked Carol if there is anything you could  
9552 tell the people who want to repeal ACA what it would mean,  
9553 she told me it is a life and death matter and if you do not  
9554 give people health they will not give their efforts back to  
9555 their community. When you are struggling to make ends meet  
9556 and don't have health care you are not going to donate to the  
9557 community that you call home because you need to have your  
9558 bases covered first to be a firm pillar of that community.

9559 And she went on to say that while it may not be perfect,  
9560 but dang, it was a good start. So I agree with my  
9561 constituent, Mr. Chair, it was a dang good start and we can't  
9562 go backwards. And with that I yield back.

9563 The Chairman. The gentleman's time has expired. Are  
9564 there other members seeking recognition? The gentleman from  
9565 Massachusetts, Mr. Kennedy.

9566 Mr. Kennedy. Mr. Chairman, thank you for the invitation  
9567 to the party. Two points that I would like to make, sir.  
9568 One is a couple letters from my constituents. And we have

9569 heard constituent voices on both sides of the aisle tonight  
9570 which I appreciate and I appreciate those from our Republican  
9571 colleagues as well. But I want to make sure that just as I  
9572 hear your stories, you also hear ours because there are people  
9573 that benefited and continue to benefit from this bill.

9574 So one is Veronique from Wellesley Hills who writes that  
9575 this was just what was going on before the ACA. In 2012,  
9576 there is a fire in the building and we woke up in our bedroom  
9577 full of smoke. After my husband had been treated in the ER  
9578 for smoke inhalation, the insurance company proceeded to lie  
9579 to us and the hospital for months, delaying payments,  
9580 claiming they were still processing, and in the end my  
9581 husband had to pay a thousand dollars out of his own pocket;  
9582 the terms of the policy were never met.

9583 She continues, with so many people working freelance  
9584 these days it is necessary for there to be options for  
9585 individual plans. When we moved to Massachusetts at the end  
9586 of 2014 we did our research using MassHealth Connector and  
9587 bought insurance that had everything we needed from a  
9588 reputable, nationally known company. We felt so blessed to  
9589 be able to continue our work without having to worry about  
9590 the insurance company defrauding us.

9591 Another woman, Alexandra, from Wellesley, writes that a

9592 very dear family member of mine has polycystic kidney  
9593 disease, a chronic preexisting condition. Prior to the ACA  
9594 we were unable to find affordable coverage for them due to  
9595 their PKD and if we were able to find an available insurance  
9596 plan at all. Thanks to the ACA, our family has access to the  
9597 health care that we need regardless of the preexisting  
9598 conditions like PKD.

9599 Another letter coming in from Pamela from West Newton  
9600 writes that she struggles with mental illness. Myself along  
9601 with many others with mental illness rely on day treatment  
9602 centers to stay out of the hospital. MassHealth, our  
9603 Medicaid plan in Massachusetts, pays for these treatments  
9604 which are necessary for positive healing. Before going to  
9605 day treatment centers I often found myself back at the  
9606 hospital very soon after being discharged. After being  
9607 admitted to a local community service center with the help of  
9608 the Massachusetts Department of Mental Health I was able to  
9609 make positive strides towards mental stability.

9610 These stories are very real. These patients are very  
9611 real. These benefits are very real, and I urge my colleagues  
9612 on the other side of the aisle hear those voices, hear those  
9613 stories as we try to, as you go through these reform efforts.

9614 The second point I want to make because it has been said

9615 over and over and over again that the ACA is a job killer, I  
9616 represent a state with 2.8 percent unemployment rate and a  
9617 2.8 percent uninsured rate. The fact that this is a job  
9618 killer, that allegation is just false. You want to see what  
9619 happens when Democrats and Republicans come together to make  
9620 this bill work, come to Massachusetts where the water is warm  
9621 and the economy is strong. We would welcome you there.

9622 For those of you that wonder what will happen if the  
9623 bill is repealed, there is some data out there about the job  
9624 losses that will result from an ACA repeal. California, for  
9625 example, 333,600 jobs lost. Florida, 181,000 jobs lost.  
9626 Georgia, 71,500 jobs lost. Illinois, 114,300 jobs lost.  
9627 Indiana, 55,400 jobs lost. Kentucky, 44,500 jobs lost.  
9628 Louisiana, 36,800 jobs lost. Michigan 101,500 jobs lost.  
9629 Mississippi, 16,400 jobs lost. Missouri 46,100 jobs lost.  
9630 New Jersey, 86,400 jobs lost. New York 130,700 jobs lost.  
9631 North Carolina 76,200. North Dakota 8,200.

9632 Mr. Mullin. Will the gentleman yield?

9633 Mr. Kennedy. Ohio -- not yet, we are getting there --

9634 Mr. Mullin. Come on. I was just --

9635 Mr. Kennedy. -- 126,300. Oregon 45,300. Pennsylvania  
9636 137,200. Tennessee 57,000. Texas 174,700.

9637 Mr. Mullin. Will the gentleman yield from

9638 Massachusetts?

9639 Mr. Kennedy. Virginia -- I am telling you, we are  
9640 almost there. Hold on a second. Virginia 51,600.  
9641 Washington 40,900. West Virginia 16,500 jobs. Okay, now I  
9642 am done, Mr. Mullin, yes.

9643 Mr. Mullin. Well, I was just wanting to see if I was as  
9644 good of a friend to you as you, or I was to you as you were  
9645 to me because I yielded to you pretty quick. What source are  
9646 you using for that?

9647 Mr. Kennedy. That would be the Commonwealth Fund, sir.

9648 Mr. Mullin. The Commonwealth Fund?

9649 Mr. Kennedy. The website is available, I can give you  
9650 the website if you like, [www.commonwealthfund.org](http://www.commonwealthfund.org).

9651 Mr. Mullin. Who are they funded by, do you know?

9652 Mr. Kennedy. I do not know that but I am guessing it is  
9653 not going to be the Republican National Committee with those  
9654 figures.

9655 Mr. Mullin. Well, I mean, and I just say that because I  
9656 am all about, you know, statistics. God, I love numbers  
9657 because numbers don't lie, but I want to make sure we are  
9658 using right numbers. I yield back.

9659 The Chairman. Will the gentleman yield? Will the  
9660 gentleman yield since you mentioned Oregon?

9661 Mr. Kennedy. Yes, I would yield.

9662 The Chairman. I met with your governor Charlie Baker,  
9663 and what he said is under Mass-Care you have 97 percent  
9664 coverage under Romneycare, Mass-Care, and when the ACA took  
9665 effect seven million people went off private insurance, seven  
9666 million people were added to Medicaid. Their bill in your  
9667 state was another \$1.3 billion addition on Medicaid which  
9668 meant as a 50/50 FMAP state, 1.3 billion was taxpayer support  
9669 too.

9670 Mr. Kennedy. And Chairman --

9671 The Chairman. And 97 percent of the people are still  
9672 covered.

9673 Mr. Kennedy. Yes, a little over 97 percent of the  
9674 people are covered.

9675 The Chairman. Yes, so same number, but what ACA did in  
9676 Massachusetts he told me was move people off private  
9677 insurance onto Medicaid which cost the state a billion-three  
9678 and cost federal taxpayers a billion-three.

9679 Mr. Kennedy. And luckily, we have a Republican governor  
9680 that is trying to import to try to shift that back, get the  
9681 business community bought in with an additional fee from  
9682 those folks to make sure that we maintain high quality  
9683 coverage. And our governor as you know has been one of the

9684 leading voices in the Republican Party about the importance  
9685 of Medicaid and Medicaid expansion.

9686 The Chairman. And the gentleman's time has expired.  
9687 Are there other members -- and he is a Republican. Are there  
9688 other members seeking recognition? The gentleman from  
9689 California, Mr. Peters.

9690 Mr. Peters. I trust Mr. Kennedy's numbers, but I am not  
9691 sure about the water being warm in Massachusetts. I wanted  
9692 to introduce you to my friend Charlie McMahon. Charlie is  
9693 young lady that I met. I want to read a letter from her  
9694 mother. Ladies and gentlemen, I am writing today to ensure  
9695 that my 3-year-old daughter Charlie, she has since turned 4,  
9696 has access to the medical care she needs as a child fighting  
9697 cancer and to why the Affordable Care Act being revoked would  
9698 detrimental to my family.

9699 We are your average, American, middle class family. We  
9700 have two daughters, ages 7 and 3, my husband and I both have  
9701 good jobs and own our home San Diego. On June 28th, 2016, we  
9702 heard those words no parent is prepared to hear, your  
9703 daughter has cancer. Charlie, our healthy 3 year old had  
9704 been diagnosed with leukemia. Sadly, after the initial shock  
9705 of this diagnosis, my very next concern was I hope our  
9706 insurance covers this. Her medical bills over a 6-month

9707 period have reached a quarter million dollars excluding  
9708 prescriptions and daily medications. That is the equivalent  
9709 to 3,000 tickets to Disneyland, 2,000 lift tickets to a local  
9710 ski mountain, 233 plane tickets to visit our family in  
9711 Ireland.

9712 My husband and I both work for small businesses that are  
9713 required to offer employer-sponsored insurance. We purchased  
9714 our insurance through the California health exchange. We are  
9715 currently enrolled in a Sharp HMO program. We are limited to  
9716 which insurance plan we can purchase since her care can only  
9717 be provided by specialists at Rady Children's Hospital. With  
9718 our current plan we have spent \$6,500 in addition to our  
9719 monthly premium of \$437. We will spend this for the next 2  
9720 to 3 years while she undergoes treatment.

9721 Even after her completing her current 2-1/2 years of  
9722 chemotherapy treatment, she is at risk for numerous future  
9723 complications such as lung, liver, heart, and major organ  
9724 damage; she is also at high risk of developing secondary  
9725 cancers. I am not asking for a handout. I work hard, I pay  
9726 income taxes, sales taxes, and property taxes. I think the  
9727 misconception is that the Affordable Care Act only benefits  
9728 people who are needy, poor, or not working which is untrue.  
9729 It guarantees people like my daughter access to affordable

9730 health care who otherwise would be denied based on  
9731 preexisting health conditions.

9732 If the Affordable Care Act is revoked my daughter will  
9733 lose access to medical care. She will have to pay out-of-  
9734 pocket for her treatment with costs likely totaling more than  
9735 \$1 million. She will also be discriminated against in the  
9736 future when applying for future health insurance by being  
9737 denied or charged more. As a mother, my focus needs to be on  
9738 Charlie and my family and not distracted with concerns over  
9739 losing healthcare coverage or how we will afford it. I want  
9740 my daughter to live a long, healthy life and she needs access  
9741 to health insurance to have that.

9742 We called Stephanie, Charlie's mom, today to make sure  
9743 she is doing okay, make sure it was okay to talk about this.  
9744 She was eager to have her story told. And I will tell you  
9745 that the problem I have with this whole process is that I  
9746 know that folks on the other side will say, don't worry, she  
9747 will be covered. But I have heard again, since the draft of  
9748 this law was released or declassified, as I said, that  
9749 hospitals, doctors, and the AARP and other organizations have  
9750 raised concerns about what access will really be. And that  
9751 is why I think the process here is really, really wrong that  
9752 we should not be rushing this.

9753           We should be able to go through a process where you have  
9754 a CBO score where we have hearings and testimony from folks  
9755 who are expressing their concerns about this, the basis for  
9756 their concerns about the lack of coverage, so we can tell  
9757 folks like Charlie and her mom whether they really will be  
9758 covered. Because I can't go honestly tell them that they  
9759 will be and I don't think anyone in this room can be sure  
9760 that she will get health coverage.

9761           So I wanted to share that story with you. You can look  
9762 up Stephanie McMahon, she is a hairdresser. She has a  
9763 daughter with no hair. She uses the hashtag no hair, don't  
9764 care. They are a very, very upbeat family going through some  
9765 tough times, but they deserve to know that Charlie is going  
9766 to be able to afford her treatment, and that is why we are  
9767 fighting about this today. And I will yield my time to Mrs.  
9768 Dingell.

9769           Mrs. Dingell. I just wanted to answer Mr. Mullin's  
9770 question. I am very good at Dr. Google, and the Commonwealth  
9771 Fund was originally funded by the principal investor in  
9772 Standard Oil, second largest funding then came from the  
9773 doctor who pioneered the pap test, and the Commonwealth Fund  
9774 does not typically accept donations but got several other in  
9775 the '80s from corporate donors, just to answer from Dr.

9776 Google. Thanks.

9777 Mr. Peters. I yield back.

9778 The Chairman. The gentleman yields back. Are there  
9779 other members seeking recognition? Republican side? We go  
9780 then and continue on with the Democratic side, Mr. Cardenas  
9781 from California, you are recognized for 5 minutes.

9782 Mr. Cardenas. Thank you very much, Mr. Chairman. I  
9783 will continue to share a few stories, but I wish I could go  
9784 home and tell a story about how we worked through the night  
9785 and we wrote language on a bill as Democrats and Republicans  
9786 and we worked together and created something that we all can  
9787 maybe swallow a little bit of this and a little bit of that  
9788 or something we can live with. But unfortunately we are  
9789 dealing with a bill and having to try to amend it as best we  
9790 can on a bill that was just plopped on our desk or just given  
9791 availability to us just 2 days ago, and unfortunately it is  
9792 not that bipartisan cooperation that I think everybody wants  
9793 from Republicans and Democrats.

9794 I strike the last word, Mr. Chairman, because I want to  
9795 tell you about Robert's story. It is a family story. Robert  
9796 doesn't live in my district. He lives a few miles outside my  
9797 district in Congressman Knight's district. And he supports,  
9798 Congressman Knight supports the repeal of the Affordable Care

9799 Act, but many of his constituents don't agree with him. 6  
9800 years ago Robert's daughter Elliott was born with a rare  
9801 condition called arthrogryposis multiplex congenita. I should  
9802 ask you, Doctor, to read that for me, but here we are. This  
9803 condition left her with very limited movement and she lacked  
9804 the ability to walk.

9805 When she was born, Robert was under COBRA through his  
9806 job. All of you remember COBRA, right, the good old days,  
9807 huh? When Elliott was ready to get surgery to help improve  
9808 her life, Robert was on a new insurance plan that denied  
9809 coverage because her condition was preexisting. But lo and  
9810 behold, just a week later, the Affordable Care Act kicked in  
9811 on this provision and they were called by their insurance and  
9812 said she is now covered. Just a week later they got the  
9813 wonderful phone call that Elliott could get the surgery.

9814 This is a preexisting condition that before the  
9815 Affordable Care Act his daughter was denied, but because of  
9816 the Affordable Care Act she was able to get that surgery.  
9817 After years of major surgery and hard work on behalf of the  
9818 people who helped Elliott, her family and her doctors,  
9819 Elliott was able to take her first steps. Robert and his  
9820 wife were able to find her a school that recognizes her needs  
9821 and she is going into the first grade this year. Then, and

9822 this is what is really amazing, folks, Robert and his wife  
9823 decided to adopt another child with similar needs as their  
9824 daughter because they realized that they could now afford to  
9825 cover both of these two little beautiful children.

9826 Robert wrote to me and he said, and I quote, I love my  
9827 family more than anything and it has occurred to me in the  
9828 last few days that none of this would have been possible  
9829 without the Affordable Care Act, end quote. These are real  
9830 people, ladies and gentlemen, and this story is just one  
9831 story of the 129 million people who will be put back at the  
9832 mercy of the insurance companies of being denied coverage  
9833 under today's bill. States will painfully reduce coverage if  
9834 this bill becomes law, because this bill prescribes a  
9835 shortage of funding disguised as local control that basically  
9836 says, States, you deal with it.

9837 We are going to dangle this money that sounds like a lot  
9838 of money, but when you break it down it might come down to  
9839 maybe a hundred dollars per year per person who has a  
9840 precondition or who would lose their coverage under Medicaid,  
9841 and this bill is exactly going to take us back not to the  
9842 good old days but to the days where the insurance companies  
9843 ruled and Americans suffered and children like Elliott,  
9844 parents like Robert were unable to give the love and care to

9845 their children that they so much deserve.

9846 A little while ago I talked about a gentleman who came  
9847 to my town hall meeting and he talked about lamenting over  
9848 the fact that he pays 25 percent more for his healthcare  
9849 coverage. But let's not forget, ladies and gentlemen, I  
9850 don't think there is one Republican today that actually  
9851 admitted that before the Affordable Care Act kicked in that  
9852 insurance in states was at a minimum average of seven percent  
9853 year-over-year going up and in some states it was closer to  
9854 20 percent year-over-year going up.

9855 So when we talk about people paying more for their  
9856 coverage today we should juxtapose that against what people  
9857 would pay if it wasn't for the Affordable Care Act. And we  
9858 are talking about back in the days when people, when  
9859 insurance companies used to charge more for less. And that  
9860 is what this bill has taken us back to, so that people can be  
9861 at the mercy of insurance companies. And I will tell you  
9862 this, the Affordable Care Act is not perfect but I think it  
9863 goes by that old saying, you can't always get what you want,  
9864 but the Affordable Care Act got people what they needed. I  
9865 yield back.

9866 The Chairman. The gentleman yields back the balance of  
9867 his time. The chair now recognizes the gentlelady from

9868 Tennessee for 5 minutes on this amendment.

9869 Mrs. Blackburn. Thank you, Mr. Chairman. I am so  
9870 pleased that the issue of the governors came up, because some  
9871 of our governors have weighed in on this issue, and the  
9872 chairman just mentioned a few moments ago the governor of  
9873 Massachusetts and his concern with what had happened with  
9874 people gravitating and being moved from private sector  
9875 insurance to the Medicaid expansion and what that did to the  
9876 state budget.

9877 And I think that our governors have the right to be  
9878 concerned about this. They have that responsibility for  
9879 delivering Medicaid. And I have some articles in front of me  
9880 that have quotes from some of our governors. And Wisconsin  
9881 Governor Scott Walker, he is calling the bill that we have  
9882 before us tonight an important first step. And his quote, we  
9883 will continue working with the Trump administration,  
9884 Congress, and governors across the country as we seek a  
9885 personalized, patient-centered plan that treats people as  
9886 humans and not like numbers.

9887 And from the stories we have all read it is something we  
9888 want for individuals to get that personalized, focused care  
9889 that they need. We also know that many people have been  
9890 disenfranchised through the Affordable Care Act. Here we

9891 have Minnesota's Democratic governor on Wednesday said,  
9892 Obamacare is no longer affordable to increasing numbers of  
9893 people, the latest sign of Democrats' growing concern about  
9894 the law's rising insurance cost. This is a governor who sees  
9895 what is happening not only with Medicaid but in that  
9896 individual market that people are saying this insurance is  
9897 too expensive to afford. We know that only two million  
9898 people out of the nine to ten million that are in the  
9899 exchanges buy it without a subsidy. Now think about that,  
9900 two million people are able to buy it without a subsidy. Yes  
9901 indeed, too expensive to afford.

9902 And here you have Governor Martinez from New Mexico.  
9903 The governor opposes Obamacare and believes it needs to be  
9904 replaced with a system that doesn't hurt small businesses and  
9905 doesn't raise premiums on our families. Now why would these  
9906 governors say this? It is because, yes indeed, they are  
9907 looking at the application of the healthcare law and they are  
9908 seeing firsthand, realizing the concerns that are there.

9909 And, you know, Mr. Chairman, as we have read letters  
9910 that are coming from constituents, I have a couple of my  
9911 constituents, again letters that have come to me. Here is  
9912 one. Just another annual update on the wonderful ACA,  
9913 Unaffordable Careless Act, as I refer to it, benefit of the

9914 White House and Congress messing with our lives without the  
9915 understanding of their actions.

9916 My insurance will be dropping Williamson County  
9917 healthcare plans as of January 1, 2017, and non-renewing  
9918 existing policies effective that date. It seems they are  
9919 getting exactly what they are trying to accomplish in  
9920 controlling the American citizens through their health and  
9921 bankrupting the medical insurance programs that we were all  
9922 happy with. The liberals can be counted on to deliver just  
9923 the opposite of what their words portray. So not only did we  
9924 not get to keep our doctor, we did not save \$2,500 in  
9925 premiums. Our costs and deductibles are not affordable. We  
9926 are paying for coverage we don't want or need. Now we have  
9927 lost our carrier and coverage with fewer options available.

9928 This is the problem that we have. We know that it  
9929 exists and we think it is appropriate that we fix it for the  
9930 American people. That is why we are debating this  
9931 legislation tonight. We need to move to the amendments of  
9932 the bill. We need to move to the heart of the matter, and  
9933 with that I yield back my time.

9934 The Chairman. The gentlelady yields back her time. Are  
9935 there other members? The good doctor from California is  
9936 recognized for 5 minutes.

9937           Mr. Ruiz. Thank you. I support this amendment in honor  
9938 of Rex from Palm Springs who wrote to me to share the life-  
9939 changing impact the ACA has had on him. Before the ACA, Rex  
9940 was being priced out of the insurance market. His premiums  
9941 were rising at an unsustainable rate. When he tried to  
9942 change plans to reduce his premiums he was denied coverage  
9943 because it was determined he had preexisting conditions he  
9944 didn't realize that he had. So he had no other option other  
9945 than to pay the rising premiums or just simply go without  
9946 much needed coverage. Nearly at age 60 and looking towards  
9947 retirement, Rex wondered how he would ever afford these  
9948 costs.

9949           In 2013 when he obtained coverage through Covered  
9950 California, which is California's insurance exchange, he was  
9951 thrilled to learn that the new plan saved him more than  
9952 \$1,500 that year in premiums alone. Furthermore, the plan he  
9953 was able to purchase was actually better, providing more  
9954 coverage while also reducing his annual out-of-pocket  
9955 expenses.

9956           Unfortunately, the bill we are considering today will  
9957 allow insurers to charge older Americans five times more for  
9958 their premiums than they charge young Americans. Just to be  
9959 clear five times more for older Americans approaching 65.

9960 This is right at the time in a person's life when maybe your  
9961 health starts getting a little more complicated, you need a  
9962 few more tests, or maybe you don't recover so quickly from  
9963 illness. It is also right at the time in a person's life  
9964 when they are looking towards retirement wondering how they  
9965 are going to make it all work financially.

9966 For Rex who is approaching Medicare eligibility age,  
9967 this means his premiums will almost certainly rise, once  
9968 again pricing him out of affordable health care, essentially  
9969 making health insurance so expensive for older Americans that  
9970 they will be forced out of having insurance. So we have to  
9971 ask ourselves, what good is having insurance for sale if you  
9972 can't afford it? It is like saying you won't deny people's  
9973 option to buy an expensive BMW but it doesn't mean they can  
9974 afford it, and if they can't then they are priced out of  
9975 their insurance, for example.

9976 You know who can afford the rising cost, the  
9977 millionaires who will be getting the massive tax breaks on  
9978 the back of our nation's seniors. This is unacceptable. It  
9979 is time to stop playing political games with the health of  
9980 the American people and defeat this misguided attempt to  
9981 repeal the ACA which will make things worse, more expensive  
9982 with less coverage. Instead, let's work together to improve

9983 it. This bill hurts the people that need it the most and I  
9984 cannot stand and let the right to affordable, accessible  
9985 health care be taken away from them.

9986 In fact, the National Council on Aging will also not  
9987 stand by. They say, quote, we are troubled that the  
9988 legislation gradually eliminates the important Medicaid  
9989 expansion which extended health insurance coverage to 11  
9990 million adults including about 1.5 million people aged 55 to  
9991 64, and that it repeals incentives to improve access to  
9992 Medicaid home- and community-based services under the  
9993 Community First Choice program.

9994 I yield the rest of my time to John Sarbanes from  
9995 Maryland.

9996 Mr. Sarbanes. I thank the gentleman for yielding. As  
9997 we wrap up our debate on this amendment I wanted to share the  
9998 story of a woman I met the other night in Howard County,  
9999 Maryland, where we had a town hall with myself and a number  
10000 of my colleagues. Phyllis relayed the experience of first  
10001 her husband passed away, and then she told this story of what  
10002 happened subsequently.

10003 She said, I was insured for 8 years. During that time I  
10004 was hospitalized several times and billed thousands of  
10005 dollars that I neither had nor could spare if I did. For

10006 years we received calls from medical collection agencies from  
10007 8:00 a.m. to 8:00 p.m., 7 days a week. A very stressful way  
10008 to live for a cardiac patient, her husband, and possibly  
10009 shortened his life. My son Craig, my only child, had serious  
10010 life-threatening illnesses from age 2 and was fortunately on  
10011 Medicaid until his death at age 30 in January 2015.

10012 I became eligible for expanded Medicaid through the ACA  
10013 in January 2013; 22 months later I was diagnosed with an  
10014 aggressive form of breast cancer. I endured chemotherapy and  
10015 a double mastectomy covered by the ACA and I am now a 1-year  
10016 survivor. Without Obamacare, she says, I would now be dead.  
10017 That is not an overstatement. That is a statement from  
10018 somebody whose husband died, whose son passed away, and who  
10019 believes with conviction that without the Affordable Care Act  
10020 she would not be alive today. That is why we have to keep  
10021 the Medicaid program in place and not roll it back. I yield  
10022 back my time.

10023 The Chairman. The gentleman's time has expired. The  
10024 chair recognizes the gentlelady from California, Mrs.  
10025 Walters, to speak on the amendment.

10026 Mrs. Walters. Thank you, Mr. Chairman. We continue to  
10027 hear stories about how the ACA has literally devastated  
10028 people's healthcare plans. This is not an isolated problem

10029 occurring in a handful of congressional districts, this is a  
10030 problem in every single congressional district in this  
10031 country. Throughout my district, constituents have  
10032 consistently told me they simply cannot afford health  
10033 insurance under the ACA. I am also hearing from those who  
10034 work in the healthcare industry who have directly experienced  
10035 the devastating effects of the ACA.

10036 A constituent from Santa Ana told me his insurance  
10037 premium payment for his healthy family of three is nearly  
10038 equal to his mortgage payment. Another constituent from  
10039 Orange told me she has a \$2,000 deductible and is now paying  
10040 \$5,000 a month in premiums for her family of three. Her  
10041 husband, a small business owner, told me they are struggling  
10042 financially because of the ACA.

10043 An owner of an independent physical therapy practice in  
10044 Santa Ana has witnessed firsthand the changes that have  
10045 occurred over the last 8 years due to the ACA. He told me  
10046 that many of those in his field have seen premiums, copays,  
10047 and deductibles increase. Physical therapy payments dropped  
10048 by over 35 percent and in other specialties it was even more.

10049 A reduction in payments to small businesses has a  
10050 profound effect on the owners and employees of those  
10051 businesses. Owners cannot increase their employees' income,

10052 let alone attempt to cover a greater portion of their ever-  
10053 increasing healthcare premiums. I can continue to tell these  
10054 anecdotes, but the message I have received is clear. The ACA  
10055 is not working for the American people. It is clear our  
10056 constituents need healthcare plans and programs that work for  
10057 them, not Washington. It is our duty to rescue our  
10058 collapsing healthcare system and restore it to a functioning  
10059 marketplace. This bill does just that and I yield back my  
10060 time.

10061 The Chairman. Will the gentlelady yield?

10062 Mrs. Walters. Yes.

10063 The Chairman. I appreciate that. I just want to share  
10064 a few stories as well, because in the last couple of days I  
10065 heard from Ken who is in Malheur County and is a former  
10066 cancer patient. He has had a Blue Cross policy before  
10067 Obamacare. He has since seen his premiums go up from \$400 a  
10068 month to \$1,200 a month. Even worse, he writes, his  
10069 deductible rose from \$1,000 to \$10,000 -- \$10,000.

10070 Darren in Sherman County, a farmer, wrote me last month  
10071 and said, I have been with Blue Cross for 31 years and have  
10072 been happy for the most part. The premium covers myself, my  
10073 wife, and my college-age daughter. We carried a \$10,000  
10074 deductible up until November 23rd of 2015, then the ACA

10075 kicked in and the highest deductible we could obtain was  
10076 7,500 which we carry today. Unless we meet the deductible,  
10077 the premium went from 3,516 a year to \$16,242 a year, a net  
10078 increase of \$12,726 per year premium increase, 462 percent  
10079 increase in 2 years' time for basically the same insurance,  
10080 and then there is about 500 exclamation points.

10081 The point is, this individual market is in dire straits  
10082 and people can't afford what the government is forcing them  
10083 to buy. When the President said, President Obama said, when  
10084 we are done families will see their insurance premiums go  
10085 down \$2,500 per family, \$2,500 in premiums, promise not kept.  
10086 He said you can keep your doctor, promise not kept. You can  
10087 keep your insurance plan if you like it, promise not kept.  
10088 Now we have great compassion for making sure people  
10089 especially in our rural areas have access to affordable  
10090 health care. It is something I have worked on my entire time  
10091 in public office. It is extraordinarily important.

10092 And I am sympathetic and I appreciate the tone and tenor  
10093 of my colleague from Vermont because we share these stories,  
10094 because we share these people, because we are trying to get  
10095 to the right place for the right reasons, both sides of the  
10096 aisle are. We care about people too. And that is why we are  
10097 not going back to the days of banning you from getting

10098 insurance because you have a preexisting condition. That is  
10099 why we are not going to go back to the days of lifetime caps,  
10100 and why we are not going to back to where kids can't be on  
10101 your insurance policy. We are sticking with those and we all  
10102 agree to that. That is what we are doing.

10103 We are also trying to address one of the flaws in the  
10104 insurance market where people could pay for 9 months of  
10105 coverage and get 12 and the insurance companies are only on  
10106 the hook for the first month of that 3 that somebody was  
10107 covered and then the providers were on the hook for the next  
10108 2, and with guaranteed issue you could start the whole  
10109 process over at the end of the year.

10110 So as we looked at what are the changes that we could  
10111 make that would fix this market or help fix it, this is one  
10112 of them, continuous coverage. By the way it is what happens  
10113 pretty close in Medicare Part D, Medicare Part B, and in the  
10114 large employer market. We are patterning after what already  
10115 exists in law. And the 30 percent premium penalty is because  
10116 you didn't buy it until you needed it. You get a 63-day  
10117 window. That is in the existing law. We patterned it after  
10118 that.

10119 But, you know, you can't buy fire insurance for your  
10120 house once the roof is burning, either. Health insurance is

10121 different. We acknowledge that or fully understand that.  
10122 That is why we are not going back to the days of banned  
10123 because you had a preexisting condition; we are not going to  
10124 go back to all these other issues. We want to make sure  
10125 people are covered and cared for too.

10126 I appreciate the indulgence of the committee. I have  
10127 gone over my time. I am actually done, but if you have got -  
10128 - I mean, I am past my time, but if there is somebody on your  
10129 side that would yield I would be happy to enter into a  
10130 discussion with you. Are there other members that seek  
10131 recognition? The gentleman from Iowa is recognized, and the  
10132 gentlelady is recognized.

10133 Ms. Eshoo. Mr. Chairman, what you just had up on the  
10134 screen could you put it back up, do you think?

10135 The Chairman. Yeah, we will ask them to. I actually  
10136 wasn't paying too much attention.

10137 Ms. Eshoo. Well, I was, and I was listening to you.

10138 The Chairman. So I think, was it the map of Oregon, the  
10139 one with the --

10140 Ms. Eshoo. It was Oregon, yeah. Now there it is,  
10141 showed the premium increase --

10142 [Map.]

10143 The Chairman. Right.

10144 Ms. Eshoo. -- and the number of exchange plans  
10145 available went from ten to six, between 2016 and 2017.

10146 The Chairman. Right.

10147 Ms. Eshoo. Your congressional district -- and I don't  
10148 know the answer to this, but maybe you do. Your  
10149 congressional district has the largest number of enrollments  
10150 in the Medicaid expansion?

10151 The Chairman. Yes.

10152 Ms. Eshoo. It is what, 129,200?

10153 The Chairman. Correct.

10154 Ms. Eshoo. You are the top person in that.

10155 The Chairman. I understand.

10156 Ms. Eshoo. So something must be working somewhere. I  
10157 mean you have that up there and the --

10158 The Chairman. So remember, this is the individual  
10159 market where people buy insurance --

10160 Ms. Eshoo. Oh, I see. Okay.

10161 The Chairman. -- not the expanded Medicaid.

10162 Ms. Eshoo. Well, why do you say at the top, the state  
10163 of Obamacare, then, if it is the individual market?

10164 The Chairman. Because the exchanges were created by  
10165 Obamacare or the Affordable Care Act, however you want to  
10166 describe it, and so this is the individual market on the

10167 exchange.

10168 Ms. Eshoo. Oh, I see, through the exchanges.

10169 The Chairman. We also had two CO-OPs both of which went  
10170 broke and cost, I think the losses were over a hundred  
10171 million dollars. We tried our own exchange and blew through  
10172 a couple hundred million dollars before they finally threw in  
10173 the towel, thankfully, and went on the national exchange.  
10174 And these costs may top out, but understand under the 27  
10175 percent increase was a 25 percent increase the year before.  
10176 So that is why --

10177 Ms. Eshoo. What do you attribute it to when you have  
10178 that high of an enrollment, the top enrollment of all of your  
10179 colleagues in Medicaid and what you just described?

10180 The Chairman. And we have got pretty much every waiver  
10181 the state has asked for and I have supported those waivers  
10182 and they got advanced funding and they have done some really  
10183 creative things with the coordinated care organizations,  
10184 having said and done all of that. And they bent the cost  
10185 curve down to, I think it is 5 percent to 3.4 percent.

10186 Now there are states that are under medical CPI but we  
10187 are not there. The state this biennium faces a \$870 million  
10188 2-year deficit on Medicaid alone having done all of that. So  
10189 this is the question we have to get to. When you have a

10190 state as innovative as mine who has done everything they have  
10191 done and the individual market is collapsing around us and  
10192 the state can't afford what they are doing, we --

10193 Ms. Eshoo. Are any of the exchanges working or are they  
10194 all gone?

10195 The Chairman. Well, we have some plans, as of '17 have  
10196 plans -- this is overall for the state, then you have to look  
10197 at oftentimes in my district there is a lot less coverage  
10198 just because of the rural nature of it you have fewer  
10199 options.

10200 Ms. Eshoo. It is very rural, yes.

10201 The Chairman. But we are trying. We are trying to be  
10202 innovative out there --

10203 Ms. Eshoo. Yes, I know that.

10204 The Chairman. -- and cover. And that is also why, you  
10205 know, it should be understood we are not kicking any of that  
10206 129,400 off. They stay on at the enhanced match rate until  
10207 they naturally no longer qualify. Oh, I am sorry.

10208 Ms. Eshoo. Thank you very much.

10209 Mr. Loeb sack. Thank you. Two quick points, I was here  
10210 when we adopted the Affordable Care Act. I was on one of the  
10211 three committees. We had dozens and dozens of dozens of  
10212 hearings. Second, anyone who believes that if we turn all

10213 this over to the free market completely and thinks that, you  
10214 know, if you are going to be able to tailor your plan and an  
10215 insurance company is going to sell you what you want, I won't  
10216 guess mention what you are smoking, but that is just not  
10217 going to happen. The insurance companies simply are not  
10218 going to do that.

10219 I would like to now turn over to Mr. Kennedy time here.  
10220 Oh, I am sorry, Mr. Schrader.

10221 Mr. Schrader. Thank you, Mr. Loeb sack. Just for  
10222 clarity's sake, the chart that showed the big increase in  
10223 Oregon for 2017 is an anomaly, not the way it has been. That  
10224 was a catch-up by the insurance companies. And I have talked  
10225 to every single one of the regional insurers in my state and  
10226 they are not thinking they are going to have to have that  
10227 type of increase at all going forward. Matter of fact, prior  
10228 to 2016, the average increase was in the single digits for my  
10229 state for the exchange.

10230 The second point I would make is that indeed the CCOs as  
10231 the chair talked about has been an unqualified success. I  
10232 would like to address that maybe more as we get into some of  
10233 the other discussions. And it begs the question if there is  
10234 problems in the individual exchanges let's deal with that.  
10235 Let's leave the Medicaid program alone with the waivers that

10236 are working so well, frankly, in a lot of our states. And I  
10237 yield back. Sorry, Mr. Kennedy, you have a few seconds.

10238 Mr. Kennedy. Ah, it is 5 seconds. That is fine.

10239 Mr. Schrader. Thank you, Mr. Chair, I yield back. Thank  
10240 you.

10241 The Chairman. The gentleman's time has expired. Are  
10242 there other members seeking recognition on this amendment to  
10243 rename the title of the bill? What, nobody, all right. I  
10244 fully anticipate a request for a roll call vote, so those in  
10245 favor of the amendment will vote aye, those no, and our clerk  
10246 after exactly 12 hours can call the roll on the first vote on  
10247 the first amendment dealing with a one-line title change.  
10248 Please call the roll.

10249 The Clerk. Mr. Barton?

10250 Mr. Barton. I am tempted to say undecided, but I am  
10251 going to vote no.

10252 The Clerk. Mr. Barton votes no.

10253 Mr. Upton?

10254 Mr. Upton. No.

10255 The Clerk. Mr. Upton votes no.

10256 Mr. Shimkus?

10257 Mr. Shimkus. No.

10258 The Clerk. Mr. Shimkus votes no.

10259 Mr. Murphy?

10260 Mr. Murphy. No.

10261 The Clerk. Mr. Murphy votes no.

10262 Mr. Burgess?

10263 Mr. Burgess. No.

10264 The Clerk. Mr. Burgess votes no.

10265 Mrs. Blackburn?

10266 [No response.]

10267 The Clerk. Mr. Scalise?

10268 Mr. Scalise. No.

10269 The Clerk. Mr. Scalise votes no.

10270 Mr. Latta?

10271 Mr. Latta. No.

10272 The Clerk. Mr. Latta votes no.

10273 Mrs. McMorris Rodgers?

10274 Mrs. McMorris Rodgers. No.

10275 The Clerk. Mrs. McMorris Rodgers votes no.

10276 Mr. Harper?

10277 Mr. Harper. No.

10278 The Clerk. Mr. Harper votes no.

10279 Mr. Lance?

10280 Mr. Lance. No.

10281 The Clerk. Mr. Lance votes no.

10282 Mr. Guthrie?  
10283 Mr. Guthrie. No.  
10284 The Clerk. Mr. Guthrie votes no.  
10285 Mr. Olson?  
10286 Mr. Olson. No.  
10287 The Clerk. Mr. Olson votes no.  
10288 Mr. McKinley?  
10289 Mr. McKinley. No.  
10290 The Clerk. Mr. McKinley votes no.  
10291 Mr. Kinzinger?  
10292 Mr. Kinzinger. No.  
10293 The Clerk. Mr. Kinzinger votes no.  
10294 Mr. Griffith?  
10295 Mr. Griffith. No.  
10296 The Clerk. Mr. Griffith votes no.  
10297 Mr. Bilirakis?  
10298 Mr. Bilirakis. No.  
10299 The Clerk. Mr. Bilirakis votes no.  
10300 Mr. Johnson?  
10301 Mr. Johnson. No.  
10302 The Clerk. Mr. Johnson votes no.  
10303 Mr. Long?  
10304 Mr. Long. No.

10305	The Clerk.	Mr. Long votes no.
10306	Mr. Bucshon?	
10307	<u>Mr. Bucshon</u>	No.
10308	The Clerk.	Mr. Bucshon votes no.
10309	Mr. Flores?	
10310	<u>Mr. Flores.</u>	No.
10311	The Clerk.	Mr. Flores votes no.
10312	Mrs. Brooks?	
10313	<u>Mrs. Brooks</u>	No.
10314	The Clerk.	Mrs. Brooks votes no.
10315	Mr. Mullin?	
10316	<u>Mr. Mullin.</u>	No.
10317	The Clerk.	Mr. Mullin votes no.
10318	Mr. Hudson?	
10319	<u>Mr. Hudson.</u>	No.
10320	The Clerk.	Mr. Hudson votes no.
10321	Mr. Collins?	
10322	<u>Mr. Collins</u>	No.
10323	The Clerk.	Mr. Collins votes no.
10324	Mr. Cramer?	
10325	<u>Mr. Cramer.</u>	No.
10326	The Clerk.	Mr. Cramer votes no.
10327	Mr. Walberg?	

10328 Mr. Walberg No.

10329 The Clerk. Mr. Walberg votes no.

10330 Mrs. Walters?

10331 Mrs. Walters. No.

10332 The Clerk. Mrs. Walters votes no.

10333 Mr. Costello?

10334 Mr. Costello. No.

10335 The Clerk. Mr. Costello votes no.

10336 Mr. Carter?

10337 Mr. Carter. No.

10338 The Clerk. Mr. Carter votes no.

10339 Mr. Pallone?

10340 Mr. Pallone. Aye.

10341 The Clerk. Mr. Pallone votes aye.

10342 Mr. Rush?

10343 [No response.]

10344 The Clerk. Ms. Eshoo?

10345 Ms. Eshoo. Aye.

10346 The Clerk. Ms. Eshoo votes aye.

10347 Mr. Engel?

10348 Mr. Engel. Aye.

10349 Mr. Green?

10350 Mr. Green. Aye.

10351 The Clerk. Mr. Green votes aye.

10352 Ms. DeGette?

10353 Ms. DeGette. Aye.

10354 The Clerk. Ms. DeGette votes aye.

10355 Mr. Doyle?

10356 Mr. Doyle. Aye.

10357 The Clerk. Mr. Doyle votes aye.

10358 Ms. Schakowsky?

10359 Ms. Schakowsky. Aye.

10360 The Clerk. Ms. Schakowsky votes aye.

10361 Mr. Butterfield?

10362 Mr. Butterfield. Aye.

10363 The Clerk. Mr. Butterfield votes aye.

10364 Ms. Matsui?

10365 Ms. Matsui. Aye.

10366 The Clerk. Ms. Matsui votes aye.

10367 Ms. Castor?

10368 Ms. Castor. Aye.

10369 The Clerk. Ms. Castor votes aye.

10370 Mr. Sarbanes?

10371 Mr. Sarbanes. Aye.

10372 The Clerk. Mr. Sarbanes votes aye.

10373 Mr. McNerney?

10374 Mr. McNerney. Aye.

10375 The Clerk. Mr. McNerney votes aye.

10376 Mr. Welch?

10377 Mr. Welch. Aye.

10378 The Clerk. Mr. Welch votes aye.

10379 Mr. Lujan?

10380 Mr. Lujan. Aye.

10381 The Clerk. Mr. Lujan votes aye.

10382 Mr. Tonko?

10383 Mr. Tonko. Aye.

10384 The Clerk. Mr. Tonko votes aye.

10385 Ms. Clarke?

10386 Ms. Clarke. Aye.

10387 The Clerk. Ms. Clarke votes aye.

10388 Mr. Loeb sack?

10389 Mr. Loeb sack. Aye.

10390 The Clerk. Mr. Loeb sack votes aye.

10391 Mr. Schrader?

10392 Mr. Schrader. Aye.

10393 The Clerk. Mr. Schrader votes aye.

10394 Mr. Kennedy?

10395 Mr. Kennedy. Aye.

10396 The Clerk. Mr. Kennedy votes aye.

10397 Mr. Cardenas?

10398 [No response.]

10399 The Clerk. Mr. Ruiz?

10400 Mr. Ruiz. Aye.

10401 The Clerk. Mr. Ruiz votes aye.

10402 Mr. Peters?

10403 Mr. Peters. Aye.

10404 The Clerk. Mr. Peters votes aye.

10405 Mrs. Dingell?

10406 Mrs. Dingell. Aye.

10407 The Clerk. Mrs. Dingell votes aye.

10408 Chairman Walden?

10409 The Chairman. No.

10410 The Clerk. Chairman Walden votes no.

10411 The Chairman. Are there any members seeking to cast a

10412 vote who have not cast a vote? Looks like most all the

10413 members are here. Are there any other members not -- okay,

10414 the clerk will report the total.

10415 The Clerk. Mr. Chairman, on that vote there were 22

10416 ayes and 30 noes.

10417 The Chairman. Was there another member coming in, if we

10418 could suspend if that is okay. Oh, Mrs. Blackburn?

10419 Mrs. Blackburn. No.

10420 The Clerk. Mrs. Blackburn votes no.

10421 The Chairman. Sure, we are fine. We realize members,  
10422 you know. How does the gentleman from California, now that  
10423 he has caught his breath, vote?

10424 Mr. Cardenas. Aye.

10425 The Clerk. Mr. Cardenas votes aye.

10426 The Chairman. Okay, are there any other members wishing  
10427 to be recorded? If not, the clerk will report the tally.

10428 The Clerk. Mr. Chairman, on that vote there were 23  
10429 ayes and 31 noes.

10430 The Chairman. 23 ayes and 31 noes.

10431 The amendment, incredibly well debated, has failed.

10432 Now I, just for the committee because I am getting some  
10433 questions up here, we have gone 12 hours on the first  
10434 amendment. I know we have at least a hundred to go maybe  
10435 more, so buckle in because we will go until we are done with  
10436 the amendments. That is up to those offering the amendments  
10437 and those debating the amendments. We are having an open and  
10438 transparent process here. With that are there other members  
10439 who wish to offer amendments? For what purpose does the  
10440 gentleman from Pennsylvania seek recognition?

10441 Mr. Murphy. Mr. Chairman, I have an amendment at the  
10442 desk.

10443           The Chairman. The clerk will report the amendment. Is  
10444           this Murphy --  
10445           Mr. Murphy. 1.  
10446           The Chairman. Murphy 1.  
10447           [The amendment offered by Mr. Murphy follows:]  
10448  
10449           \*\*\*\*\*INSERT 14\*\*\*\*\*

10450           The Clerk.   The amendment to the amendment in the nature  
10451 of a substitute to committee print offered by Mr. Murphy.

10452           The Chairman.  Without objection, the clerk will suspend  
10453 reading the amendment.

10454           Mr. Murphy.  Dispense with it being read, Mr. Chairman.

10455           The Chairman.  Yes.  And I recognize the gentleman from  
10456 Pennsylvania to talk on his amendment.

10457           Mr. Murphy.  Thank you, Mr. Chairman.  First of all, I  
10458 want to thank you, Mr. Chairman, for working with me on  
10459 including important provisions in the text of the amendment  
10460 in the nature of a substitute to allow states to use some of  
10461 the \$100 billion to expand access to mental health and  
10462 addiction treatment services.  But I would like to again  
10463 clarify some important points on mental health and substance  
10464 use treatment parity laws.

10465           There are two laws that govern parity, the Mental Health  
10466 Parity Act of 1996 Public Law 104-204 signed by President  
10467 Bill Clinton, and the Paul Wellstone and Pete Domenici Mental  
10468 Health Parity and Addiction Equity Act of 2008 Subtitle B of  
10469 Title 5 of Public Law 110-343 signed by President George W.  
10470 Bush.  Since first passage, Mental Health Parity has been a  
10471 bipartisan issue, and it is my hope and intention that we  
10472 remain working together to help families in need.  We on both

10473 sides of the dais have clearly and consistently demonstrated  
10474 our joint commitment to providing better care for the  
10475 mentally ill.

10476 I drafted this amendment and I asked counsel at the desk  
10477 to walk through a couple of details with me, if I can ask  
10478 some questions of counsel. As my amendment would ensure that  
10479 there will be no changes to any existing mental health parity  
10480 laws, may I ask does the amendment in the nature of a  
10481 substitute change the 1996 parity law?

10482 The. Counsel. No, it does not.

10483 Mr. Murphy. Does the amendment in the nature of a  
10484 substitute amend the 2008 law?

10485 The. Counsel. No, it does not.

10486 Mr. Murphy. Does the amendment in the nature of a  
10487 substitute make any changes to the 2016 21st Century Cures  
10488 Act that included the Helping Families in Mental Health  
10489 Crisis Act for oversight, accountability, and enforcement of  
10490 parity laws?

10491 The. Counsel. No, sir. It does not.

10492 Mr. Murphy. Well, thank you. So to be clear, the  
10493 amendment in the nature of a substitute under consideration  
10494 right now does not change any existing parity law in any way?

10495 The. Counsel. Correct. That is correct, sir.

10496 Mr. Murphy. So Mr. Chairman, I would like to thank the  
10497 organizations which endorsed my amendment and ask their  
10498 letters to be accepted into the record. These organizations  
10499 include the American Psychological Association, the American  
10500 Psychiatric Association, Mental Health America, National  
10501 Alliance on Mental Illness, the American Academy of Child and  
10502 Adolescent Psychiatry, American Foundation for Suicide  
10503 Prevention, the Eating Disorders Coalition, the Association  
10504 for Behavioral Health and Wellness, the MultiCare Health  
10505 System, the National Association of Psychiatric Health  
10506 Systems, the National Council for Behavioral Health, and the  
10507 Treatment Advocacy Center.

10508 Mr. Chairman, I would ask that their letters also be --  
10509 The Chairman. Without objection, they will be entered  
10510 into the record.

10511 [The information follows:]

10512

10513 \*\*\*\*\*COMMITTEE INSERT 15\*\*\*\*\*

10514 Mr. Murphy. Thank you. And as we have confirmed there  
10515 is no change to the mental health parity I will withdraw my  
10516 amendment. As we have established, it is not necessary. But  
10517 I would further urge my colleagues to join me in our ongoing  
10518 efforts to help families gain access to quality treatment.  
10519 Coverage without access to care is meaningless. To improve  
10520 access to care we need to increase the mental health work  
10521 force by the number of psychologists, psychiatrists,  
10522 psychiatric nurses, and clinical social workers, and that is  
10523 what we did in a bipartisan way when this committee passed  
10524 the Helping Families in Mental Health Crisis Act on the 21st  
10525 Century Cures Act which became law.

10526 We have much more to do, including expanding access to  
10527 inpatient beds for addiction and mental illness, and I look  
10528 forward to working with my colleagues on this because we lose  
10529 350,000 American lives each year --

10530 Mr. Kennedy. Will the gentleman yield?

10531 Mr. Murphy. -- to this deadly disease which impacts  
10532 millions of lives. So I withdraw my amendment and thank the  
10533 chairman and I yield back.

10534 Mr. Kennedy. Will the gentleman yield?

10535 The Chairman. So the gentleman has withdrawn his  
10536 amendment.

10537 Mr. Murphy. I withdraw my amendment.

10538 The Chairman. All right, the gentleman's amendment is  
10539 withdrawn. Are there other members that have amendments,  
10540 seeking to offer amendments? The chairman recognizes the  
10541 gentlelady from Florida, Ms. Castor. For what purpose do you  
10542 seek recognition?

10543 Ms. Castor. I have an amendment at the desk. It is  
10544 Amendment Number 5.

10545 [The amendment offered by Ms. Castor follows:]

10546

10547 \*\*\*\*\*INSERT 16\*\*\*\*\*

10548 The Chairman. Amendment Number 5, and when the clerks  
10549 find the amendment the clerk will report the amendment. Do  
10550 we need more clarification?

10551 Ms. Castor. I will go with 5A then.

10552 The Chairman. Can you tell us maybe what it starts  
10553 with? They are trying to, since we are just --

10554 Ms. Castor. None of the previous.

10555 The Chairman. None of the previous, just want to make  
10556 sure we have the right amendment.

10557 The Clerk. One is written on and one is clean. Do you  
10558 know which one it is?

10559 The Chairman. Can you identify for the clerks which --

10560 Ms. Castor. Let's start with the clean one that starts  
10561 with none of the previous.

10562 The Clerk. Okay.

10563 The Chairman. Okay. So the clerk will report the  
10564 amendment.

10565 The Clerk. Amendment to the amendment in the nature of  
10566 a substitute to committee print offered by Ms. Castor.

10567 The Chairman. Unanimous consent, the reading is  
10568 dispensed with and the gentlelady from Florida is recognized  
10569 to speak on her amendment for 5 minutes.

10570 Ms. Castor. Thank you, Mr. Chairman. Colleagues, my

10571 amendment is simple. It would hold the President to his word  
10572 that the Republican repeal will result in health care that  
10573 is, quote, much less expensive and much better than the  
10574 Affordable Care Act. Over and over again, President Trump  
10575 has told the American people that he will replace the ACA  
10576 with something better. On January 11th, 2017, he promised  
10577 Americans, quote, we are going to have health care that is  
10578 far less expensive and far better.

10579 And then a few days later on January 15th, 2017, in an  
10580 interview with the Washington Post he pledged, quote, we are  
10581 going to have insurance for everybody. People covered under  
10582 the law can expect to have great health care, much less  
10583 expensive and much better. On January 25th, in an interview  
10584 with ABC News he assured Americans, quote, we are going to  
10585 have a better plan, much better health care, much better  
10586 service treatment, a plan where you can have access to the  
10587 doctor that you want and the plan that you want. We are  
10588 going to have a much better healthcare plan at much less  
10589 money.

10590 On February 18th at a campaign style rally in Florida,  
10591 President Trump promised the American people that the  
10592 Republican plan quote will be much better health care at much  
10593 lower cost. Shortly thereafter, at CPAC on February 24th, he

10594 said, we are going to make it much better. We are going to  
10595 make it much less expensive. On February 27th at a meeting  
10596 with insurers -- remember, they went over to the White House  
10597 -- he stated we have a plan that is going to be fantastic, a  
10598 very competitive plan. Costs come down, health care will go  
10599 up very substantially. People will like it a lot. It is  
10600 going to be special. I think you are going to like what you  
10601 hear.

10602           These are just a few of the examples of the promises  
10603 that President Trump has made. The Republicans will pass a  
10604 plan that will make health care better and cheaper and it  
10605 will cover everybody. So really, my colleagues on the other  
10606 side of the aisle should not have any trouble supporting my  
10607 amendment.

10608           My amendment would prohibit this bill from taking effect  
10609 unless the Congressional Budget Office can first certify that  
10610 it will result in lower cost than under the ACA as measured  
10611 by average premiums, make health insurance more affordable  
10612 than under the ACA as measured by out-of-pocket cost, provide  
10613 better health coverage than under the ACA as measured by  
10614 improved benefits, and ensure that no one loses coverage just  
10615 as President Trump promised.

10616           So I say to my Republican colleagues, the proof is in

10617 the pudding. Let's let the bipartisan Congressional Budget  
10618 Office, or nonpartisan Congressional Budget Office tell us  
10619 whether this bill is in fact better than the Affordable Care  
10620 Act. Let's let CBO tell us whether, quote, costs will come  
10621 down and health care will go up very substantially, unless  
10622 perhaps you are worried that this bill will result in  
10623 millions of Americans losing their health coverage, unless  
10624 perhaps you are worried that this bill will do nothing to  
10625 hold down healthcare premiums, unless you are worried that  
10626 under this bill Americans will be left facing much greater  
10627 out-of-pocket costs, higher deductibles and higher copays.

10628 So I urge my colleagues to vote for this amendment which  
10629 seeks to hold everyone accountable for the promises that  
10630 President Trump, leader of the Republican Party, has made  
10631 over and over to the American people. And this amendment is  
10632 particularly important since my colleagues have insisted on  
10633 jamming through this legislation without a CBO score, without  
10634 knowing how much it is going to cost, a decision that in my  
10635 opinion is the height of irresponsibility.

10636 Let CBO tell us how this bill will affect cost and  
10637 coverage and affordability before this bill becomes law and  
10638 does lasting and irreparable damage to our healthcare system  
10639 and the families that we represent. I yield back the balance

10640 of my time.

10641 The Chairman. The gentlelady yields back the balance of  
10642 her time. Are there other members seeking recognition? The  
10643 gentleman from Oklahoma you are recognized for 5 minutes.

10644 Mr. Mullin. Well, that was the longest I have ever  
10645 heard Oklahoma said.

10646 The Chairman. Well, I saw some other hands go up and I  
10647 wasn't expecting that and I told Representative Mullin he  
10648 could go. So we will come back to regular order, sorry.

10649 Mr. Mullin. You know, I thought we were here to  
10650 legislate, but we just debated 12 hours on renaming the bill.  
10651 Now we are debating on a Trumpcare test condition that the  
10652 promises that he made -- when I, I don't know, but I think I  
10653 remember a President one time saying if you liked your plan  
10654 you could keep it. And I think I also remember a President  
10655 that -- oh, wait, the bill was named after -- called  
10656 Obamacare that says it will be budget neutral. And then I am  
10657 pretty sure I remember one time that yes, President Obama  
10658 said it will bring down premiums by \$2,500.

10659 We are here to legislate. When are we going to get down  
10660 to business? I mean, we had a whole bunch of last-minute  
10661 amendments filed that has put no thought in it other than to  
10662 delay the process, simply delay the process. This is

10663 absolutely ridiculous. I am here to work and I want to work  
10664 and I want to have a logical debate with my colleagues from  
10665 the other side, but you are making it extremely impossible to  
10666 do so. I feel like sometimes I am arguing with someone that  
10667 you just can't argue with because it makes no sense.

10668 What is the argument here? What is the tactic? Is this  
10669 really to improve the bill? Is that what this is really is?  
10670 Is that what the last two amendments really is about, about  
10671 improving the bill, or is it about a sound bite so you can  
10672 put it out on social media and say hey, look, I am fighting  
10673 for you? If we are really serious about fighting for the  
10674 American people then let's be serious about the amendments  
10675 and quit wasting everybody's time.

10676 Mr. Pallone. Will the gentleman yield?

10677 Mr. Mullin. No, not right now, I am kind of on a roll.  
10678 Actually, you threw me completely off my roll, I yield back.  
10679 Bye.

10680 The Chairman. The gentleman yields back. I recognize  
10681 the gentleman from New Jersey, the ranking member of the  
10682 committee, for 5 minutes.

10683 Mr. Pallone. Thank you, Mr. Chairman. I really want to  
10684 stress the importance of the gentlewoman from Florida's  
10685 amendment. I think a lot of times when we listen to

10686 President Trump whether he is tweeting or whatever he is  
10687 doing on a given day, a lot of us think that, or a lot of us  
10688 don't take him seriously. I know sometimes I don't take him  
10689 seriously, but the problem is a lot of people do take him  
10690 seriously. And when he says that, you know, the Republican  
10691 repeal plan is going to reduce prices, cover everybody, make  
10692 for better health care, people actually believe that.

10693 And so there is a very heavy burden. I remember when  
10694 Mr. Shimkus said earlier, you know, we are putting our jobs  
10695 on the line, the Republicans, with this bill, the way you did  
10696 as Democrats 7 years ago with the ACA. You have got to  
10697 understand that you really do have a big test here to show  
10698 that some of the problems that you cite with your individual,  
10699 the people that you mention in your districts are actually  
10700 going to see an improvement, that they are actually going to  
10701 see that their premium costs go down, that the deductibles  
10702 are reduced, that they have better quality care.

10703 And I just want to take a slice, you know, just one  
10704 group of people because we all are very concerned about  
10705 seniors. And I thought that the letter that the AARP sent  
10706 out to everyone saying why they opposed the Republican bill  
10707 was sort of significant in showing how there is absolutely no  
10708 way that this bill is going to make any improvements and it

10709 is actually going to make some of the things that you cite  
10710 about Obamacare that you don't like, a lot worse.

10711 So let's just take three areas that affect seniors that  
10712 are mentioned by the AARP. First, Medicare, the AARP letter  
10713 says and it is already in the record, repealing this  
10714 provision would hasten the insolvency of Medicare by up to 4  
10715 years and diminish Medicare's ability to pay for services in  
10716 the future. So AARP is saying that it is very likely that in  
10717 the future, senior services or benefits are going to decrease  
10718 because there isn't going to be enough money to pay for them  
10719 because of the reduction in the trust fund, obviously  
10720 contrary to what you think you are going to accomplish.

10721 With regard to the individual private insurance market,  
10722 AARP says that the age rating plus premium increases equal an  
10723 unaffordable age tax, and it says in addition to skyrocketing  
10724 premiums, out-of-pocket costs could significantly increase  
10725 under this bill with the elimination of cost sharing  
10726 assistance in current law. So they are saying that contrary  
10727 to what you are hoping which is that, you know, premium costs  
10728 would go down for seniors, they are going to go up  
10729 significantly. Premiums are going to up, and they talk about  
10730 particularly for seniors because of the age rating.

10731 And then the last thing that AARP talks about is

10732 Medicaid because they oppose the provisions of a bill that  
10733 create a per capita cap financing structure in the Medicaid  
10734 program. We are concerned that these provisions could  
10735 endanger the health, safety, and care of millions of seniors  
10736 who depend on the essential services provided by Medicaid.  
10737 They talk about how more and more people as they turn older  
10738 and are eligible for Medicare need higher levels of services,  
10739 that is, the Baby Boomers, particularly long-term care.

10740 What they are essentially saying is because you are  
10741 going to make cuts in the amount of money that goes to  
10742 Medicaid to the states because of this cap that services for  
10743 seniors are going to suffer. Nursing home care, for example,  
10744 what happens when nursing homes get less money? Well, you  
10745 know, they don't hire as many nurses to help the people in  
10746 the nursing home. The maintenance of the nursing home  
10747 decreases. I remember years ago when we had fires in nursing  
10748 homes in my district because they were in such deplorable  
10749 conditions and we had to actually mandate, you know, that  
10750 there be nurses available to help people so they don't get  
10751 bedsores and other terrible things.

10752 So I would just say that the reason that Ms. Castor's  
10753 amendment is so important is because it is pointing out that  
10754 in order to actually accomplish your goal here you have got

10755 to do a lot, and Trump is promising a lot. The reality is  
10756 for just for seniors alone based on what the AARP is saying  
10757 you are not going to meet that test. It is going to be the  
10758 opposite -- higher costs, higher out-of-pocket, worse  
10759 services, and actually diminishing Medicare's ability to pay  
10760 over the long run. So it fails the test clearly, but that is  
10761 why it is important that we have this amendment and have the  
10762 test. I yield back.

10763 The Chairman. The gentleman yields back the balance of  
10764 his time. The chair recognizes the vice chair of the  
10765 committee. We will work our way down.

10766 Mr. Barton. I don't plan to take a whole lot of time.  
10767 I will point out to my friend from Florida that had she  
10768 offered this amendment to the original Affordable Care Act it  
10769 would have never gone into effect, because to the extent  
10770 there was a CBO score it said it was going to raise costs.  
10771 So, you know, be careful what you ask for.

10772 And I would also point out, I mean trying to look at it  
10773 seriously because I am assuming because I have such respect  
10774 that you mean it seriously, that your last requirement it is  
10775 impossible to meet because it says, and no increase to the  
10776 rate of individuals without health insurance. If you don't  
10777 have health insurance and get it, it is going to cost you

10778 something unless the federal government pays a hundred  
10779 percent of it.

10780 So I would hope that we can dispose of this, Mr.  
10781 Chairman, in a pretty quick fashion, vote no and move on.  
10782 And I will be happy to let somebody else have the rest of my  
10783 time or yield back.

10784 The Chairman. I know Mr. Olson was looking for time.

10785 Mr. Barton. I will yield to Mr. Olson.

10786 Mr. Olson. I thank my friend. A few observations at  
10787 the 12-hour and 25-minute mark of this markup, first off, Mr.  
10788 Kennedy, I heard about your constituent, your concerns about  
10789 husband helped by Obamacare. Also Ms. Matsui, she talked  
10790 about a constituent had type 1 diabetes. I am very familiar  
10791 with type 1 diabetes. I meet regularly with the JDRF, from  
10792 Houston, Texas about this disease. In fact I passed a law to  
10793 create a commission to study federal spending on diabetes.

10794 The best solution for type 1 diabetes is a medical  
10795 device. An artificial pancreas was being developed by  
10796 Medtronic. It has had its first test with the FDA. It has  
10797 got a ways to go, but that is how we solve that. This bill,  
10798 this bill ensures that the tax on that device goes away. So  
10799 hopefully that will get her vote, go back to her friend and  
10800 tell her she is taking care of type 1 diabetes.

10801 I held my fire during the first amendment debates, but I  
10802 can hold my tongue no more weapons free. Both sides admit  
10803 that Obamacare has problems. We differ in the extent of the  
10804 problems and how to fix them, but it is hard to argue that on  
10805 November 8, the American people spoke and they wanted  
10806 Obamacare repealed and replaced as quickly as possible. Few  
10807 in this room thought Donald Trump would win, we would keep  
10808 the House, keep the Senate, add more governors, more  
10809 legislators, but that is exactly what happened.

10810 My Democratic friends tout the courage of 50 or 60  
10811 members who voted for the Affordable Care Act and lost their  
10812 jobs in 2010. That loss gave our party the House. But that  
10813 loss wasn't courage. That was being tone deaf to the people  
10814 you work for, the constituents, and 7 years later some  
10815 Democrats on this committee are still tone deaf. We spent  
10816 the better part of 2 hours debating a seven-word amendment  
10817 disparaging the title of our bill, and now we have the Trump  
10818 test conditional effective date amendment as our second  
10819 amendment. That is a joke. That is a joke and this is not a  
10820 joking matter.

10821 Tell that joke to Andrea. Andrea lives in my hometown  
10822 of Sugarland. She is 42 years old, a single parent raising  
10823 two teenagers. She has a master's in education. She is

10824 legally blind, lost eyesight in her left eye and a partially  
10825 impaired right eye at childbirth. She found out last year  
10826 she had renal cancer. She is now a cancer survivor. She  
10827 spent \$500 per month on a PPO that paid her doctors' bills.  
10828 She had very specific doctors. One for the right eye, one  
10829 for the left eye, her cancer, her kids.

10830 And then last September she lost her PPO under  
10831 Obamacare. The only other offer was an HMO that did not  
10832 accept her doctors. She paid a lot, shared in insurance  
10833 costs so she could choose her own doctors. Those doctors  
10834 know her. They know her conditions. They can get her  
10835 quickly referred without delay --

10836 The Chairman. The gentleman's time has expired.

10837 Mr. Olson. Please vote against this amendment. Let's  
10838 take this seriously. This is not a joke.

10839 The Chairman. The gentleman's time has expired. The  
10840 Chair recognizes -- for what purpose does the gentleman from  
10841 Texas seek recognition?

10842 Mr. Green. Thank you, Mr. Chairman.

10843 The Chairman. Recognized for 5 minutes to speak on the  
10844 amendment.

10845 Mr. Green. And I want to follow my neighbor. The  
10846 reason these amendments are this way is because what you are

10847 doing -- and I will just focus on the Medicaid. I have a  
10848 district that is unlike my colleague and neighbor that if  
10849 Texas would have expanded Medicaid I would have 46,000 of my  
10850 constituents be able to at least get Medicaid. And what you  
10851 are doing with Medicaid in this bill, you know, the only  
10852 amendment I could come up with is, you know, abolish the bill  
10853 because you are hurting what the success we have had around  
10854 the country. Not in Texas, but around the country to expand  
10855 to poor people who couldn't have it.

10856 And now we can come up with both sides. I know, I have  
10857 heard the problems of people with the Affordable Care Act and  
10858 we would like to work with you on it on real solutions, but  
10859 this bill does not do that. It will make it even worse  
10860 particularly for constituents that I represent. And that is  
10861 why how do we amend the bill that, you know, we can't make it  
10862 better. Maybe we are trying to make it where the truth in  
10863 advertising, whether it be our ranking member or Ms. Castor's  
10864 amendment at least it would say what the bill does. But that  
10865 is why we can't amend it because it is almost impossible to  
10866 fix what you are doing.

10867 And with that does anybody want my time? I will yield  
10868 to my colleague from Massachusetts.

10869 Mr. Kennedy. Thank you, my colleague from Texas. I

10870 want to go back to an amendment that was withdrawn just so  
10871 that it is very clear about what this bill does to folks on a  
10872 Medicaid expansion characterized by legal counsel as a slim  
10873 slice of 11 million people across our country that are no  
10874 longer going to get access to the essential benefits package  
10875 because it is sunsetted on page 8 and line 3. So let's be  
10876 very clear about the way that mental health laws work in this  
10877 country that the combination of the Affordable Care Act that  
10878 mandated behavioral health coverage as part of the essential  
10879 benefits package and the Mental Health Parity Law extended  
10880 those benefits to people on Medicaid expansion.

10881 The erosion, while this bill does not touch the Mental  
10882 Health Parity Law or the laws passed by 21st Century Cures,  
10883 it does directly target those on a Medicaid expansion and  
10884 rolls back the essential health benefits for that 11 million  
10885 people, which is roughly, well, it is over 80,000 people in  
10886 Pennsylvania that are suffering from serious mental illness.  
10887 So the very same people that were here that day that we  
10888 passed that bill that day that we did the markup, in the  
10889 gallery advocating for the approval of that law, are the ones  
10890 that are going to be directly targeted if this bill goes  
10891 through and if it is not changed.

10892 Mr. Kennedy. That is a fact, yield back.

10893 Mr. Sarbanes. Will the gentleman yield? Thanks to the  
10894 gentleman for yielding. I just want to follow up on the  
10895 gentleman from Massachusetts. It is the combination of the  
10896 creating optionality with respect to the coverage under the  
10897 expanded Medicaid with respect to these kinds of treatment  
10898 services, plus the fact that going forward with the redesign  
10899 of the Medicaid program in a way that is going to decrease  
10900 the funding available, it is going to put the states in a  
10901 position of having to pick and choose what kind of benefits  
10902 they think that they can offer.

10903 And it stands to reason that in many places when that  
10904 competition between which categories of benefits are  
10905 preserved and which have to be given up that substance use  
10906 disorder and treatment services and recovery services may be  
10907 the first thing that goes. So it is the combination effect  
10908 of the provisions in this bill that I think are creating the  
10909 exposure that we are so concerned about. And with that I am  
10910 going to yield.

10911 Mr. Kennedy. Mr. Green, if I could have 1 more minute,  
10912 I also have here a letter from the Mental -- thank you. I  
10913 have a letter here from the Mental Health Liaison Group which  
10914 is an umbrella organization of 60 mental and behavioral  
10915 health groups including the American Association on Health

10916 and Disability, the American Association for Geriatric  
10917 Psychiatry, the American Nurses Association, American  
10918 Psychiatric Association, the American Psychiatric Nurses  
10919 Association, the American Psychological Association, and  
10920 many, many others that say, directly quoting from their  
10921 letter, recognizing Medicaid's vital role in bringing mental  
10922 health and substance use services to vulnerable populations,  
10923 we are deeply concerned about the recent proposals to block  
10924 and/or cap the federal share of Medicaid. I would ask  
10925 unanimous consent to submit the letter for the record. I  
10926 yield back.

10927 Mr. Burgess. [Presiding.] The gentleman's time is  
10928 expired. The gentleman yields back.

10929 Mr. Kennedy. Unanimous consent, Doctor?

10930 Mr. Burgess. I am sorry. I did not hear the gentleman.

10931 Mr. Kennedy. I am sorry, Doctor. There was a unanimous  
10932 consent request to submit a letter for the record.

10933 Mr. Burgess. Without objection, so ordered.

10934 [The information follows:]

10935

10936 \*\*\*\*\*COMMITTEE INSERT 17\*\*\*\*\*

10937 Mr. Burgess. The chair recognizes himself for 5 minutes  
10938 to speak against the amendment and urge my colleagues to vote  
10939 against the amendment and allow us to proceed with this  
10940 important bill tonight. I have a slide that I would like put  
10941 up, and while we are waiting on that the chair would also  
10942 observe that the chair is a member of the American  
10943 Association of Retired Persons and the chair is a member of  
10944 the American Medical Association. And although those groups  
10945 oppose the Republican committee print on the reconciliation,  
10946 the membership is not monolithic and I am evidence of that.  
10947 So I suspect you will have a variety of opinions from within  
10948 both the AARP and the AMA.

10949 [Slide.]

10950 Mr. Burgess. I want to talk about the individual  
10951 mandate and discuss the effectiveness that the individual  
10952 mandate has exhibited with getting people to participate in  
10953 the exchanges. When this process was started with the  
10954 Affordable Care Act, the majority party, the majority  
10955 Democrats claimed that there would be as many as 21 million  
10956 people covered through Obamacare exchanges by the end of  
10957 2016. But even with the individual mandate, the real number  
10958 is about half of that.

10959 And here is a fact, over 19 million taxpayers have

10960 decided they would rather pay a penalty or the penalty tax or  
10961 claim an exemption from this mandate compared with only  
10962 slightly over ten million people who paid for their plans on  
10963 the Obamacare exchanges. Notably of the over 19 million  
10964 people that steered clear of the mandate, 45 percent are  
10965 under the age of 35, the very group that we were told needed  
10966 to enroll in the exchanges in order to offset the higher  
10967 numbers of older individuals. The numbers actually could not  
10968 be more clear.

10969           Despite the promises of the Washington Democrats,  
10970 Obamacare's ineffective individual mandate has so far been  
10971 ineffective. There is good news in the committee print that  
10972 we are considering and I do just want to direct a colleague's  
10973 attention to one of the most innovative ideas that is the  
10974 Patient and State Stability Fund. These grants to help  
10975 provide care for low-income Americans who are uninsured and  
10976 repair the damage caused by the Affordable Care Act, these  
10977 are state-directed funds.

10978           The states can use these funds to help reduce premiums,  
10979 to help reduce deductibles for low-income Americans or to  
10980 stabilize their insurance market. States can also use these  
10981 resources to promote access to preventive services like  
10982 getting an annual checkup, dental, and vision. If a state

10983 chooses not to use the funds for their own program, their  
10984 allotment would be available to help stabilize markets in  
10985 those states.

10986 At this point I am prepared to yield back or yield to  
10987 anyone who --

10988 Mr. Sarbanes. Will the gentleman yield?

10989 Mr. Burgess. Actually the gentleman from Indiana, Dr.  
10990 Bucshon.

10991 Mr. Bucshon. Thank you, Mr. Chairman. I just wanted to  
10992 say, I mean, I just heard that our legislation here is  
10993 unamendable. It is legislation that can't be repaired with  
10994 amendments, so I would respectfully ask the amendments that  
10995 have been submitted to be withdrawn since it is an  
10996 unamendable piece of legislation. And we are just here  
10997 wasting our time, but we should get to the final vote. I  
10998 yield back.

10999 Mr. Sarbanes. Will the gentleman yield?

11000 Mr. Burgess. Yes, I will yield to the gentleman from  
11001 Maryland.

11002 Mr. Sarbanes. I just wanted to comment on the chart,  
11003 because I mean those numbers are correct, but I think more so  
11004 than what you are attributing it to that reflects that the  
11005 CBO is making some projections based on assumptions of what

11006 the employer-based coverage would do, in other words that  
11007 employers might begin to drop coverage of employees who would  
11008 then get picked up in the health exchanges. And what  
11009 actually happened was the employers continued to provide  
11010 coverage notwithstanding the fact that they had some added  
11011 responsibilities under the ACA, which I think made the  
11012 coverage more robust and actually helped enhance the  
11013 healthcare system overall.

11014 So the fact that those numbers didn't meet the  
11015 expectations, I think, actually reflects some positive things  
11016 about the way the ACA rolled out, not negative things as you  
11017 suggested, and I will yield back.

11018 Mr. Burgess. Reclaiming my time, I think I will  
11019 respectfully disagree with that conclusion and yield back my  
11020 time. For what purpose does the gentlelady from California  
11021 seek recognition?

11022 Ms. Eshoo. Strike the last word.

11023 Mr. Burgess. The gentlelady is recognized for 5  
11024 minutes.

11025 Ms. Eshoo. Thank you, Mr. Chairman. I know we are all  
11026 tired obviously we have been here for over 12 hours. But  
11027 with all due respect to the gentleman, I think, from Indiana  
11028 that said all amendments should be withdrawn, I don't agree

11029 with that. I am here representing my constituents, over  
11030 700,000 people that care about this. I think what I have in  
11031 the hopper is something that is very important.

11032 So you may not agree with the ideas, but is this an  
11033 arduous process? You bet. There isn't anything, there isn't  
11034 anything that we deal with here in Congress that is more  
11035 personal than health care. These words are going to walk  
11036 right into the lives of the people that we represent. It  
11037 really is very, very personal. You all know that. We know  
11038 that. We don't have a difference on that. We have a  
11039 difference of opinion on how to get to the land of a better,  
11040 stronger, fuller affordable coverage in our country.

11041 I for one celebrate how the number of uninsured in our  
11042 country has gone down. How the number of uninsured have gone  
11043 down in our country is something that Republicans and  
11044 Democrats should all celebrate, because those people were  
11045 going through hell or they got to face hell one day when they  
11046 woke up and didn't have it and needed it and then were  
11047 subjected to the discriminatory practices of insurance  
11048 companies.

11049 So I guess if we have to stay all night I will stay all  
11050 night to offer my amendment. I don't think it is junk. I  
11051 think it is an important idea. If you don't agree with me

11052 obviously you are going to vote against it. But this is a  
11053 serious undertaking, one of the most serious this committee  
11054 and the Congress could ever be involved in, and even though  
11055 we are tired we should not cast aside the seriousness of it.

11056 If I have some time left, I will yield to Mr. Sarbanes.

11057 Mr. Sarbanes. Thank you for yielding. Very quickly,  
11058 just to emphasize the point that this is an important  
11059 exercise, the gentleman from Oklahoma is not in his seat  
11060 currently but he asked the question is this just a delay  
11061 tactic; what is the purpose of this; how does this help  
11062 anything; how is it going to make the bill better to go  
11063 through this? Actually, in this instance, delay would make  
11064 the bill better because we are trying to get to the CBO  
11065 score.

11066 I mean that is part of what is happening here is we are  
11067 presenting this issues as compellingly as we can, but we  
11068 understand that we don't have the full picture available to  
11069 us and we either ought to postpone this proceeding to a point  
11070 at which we will have at our fingertips the CBO score, or we  
11071 are going to have to delay sufficiently that we can get our  
11072 hands on the CBO score and that will make the bill better  
11073 because then we will have more information in order to  
11074 determine that the impact of these provisions are going to

11075 have.

11076 So this is not just a delaying tactic, this is not just  
11077 an exercise we are going through. This is part of our  
11078 responsibility as a committee to make sure we are giving the  
11079 right level of scrutiny to this bill, and I yield back.

11080 Ms. Eshoo. I will yield the rest of my time to Mr.  
11081 Pallone.

11082 Mr. Pallone. Thank you. You know, going back to Ms.  
11083 Castor's amendment which of course related to the President's  
11084 many pronouncements, you know, that I think are way out  
11085 there, frankly, but one of the things he did say, which I  
11086 agree with, is that health care is very complex. He finally  
11087 came to that realization. And when Chairman Burgess talked  
11088 about this individual mandate, which he obviously wants to  
11089 get rid of and the bill does that, it just makes me think of  
11090 the complexities of all this. I mean, if we really had an  
11091 opportunity to work together we could determine whether this,  
11092 you know, whether the penalty is the issue, whether or not  
11093 perhaps we need to increase the subsidy to get more people to  
11094 sign up, or whether, I mean there are a myriad of reasons  
11095 that could be looked into rather deeply I think to determine  
11096 what could be done to make it so that more people sign up.

11097 But if you get rid of the individual mandate,

11098 unfortunately it becomes, you know, a lot less of an  
11099 incentive. And the individual mandate actually was a  
11100 Republican idea that came from the Heritage Foundation. So I  
11101 just think it is very, it is kind of ridiculous at this point  
11102 to say that we should just get rid of the individual mandate  
11103 and, you know, everybody's going to become better. It is  
11104 not.

11105 Mr. Burgess. The gentleman's time has expired. And  
11106 does the gentleman from North Carolina, Mr. Hudson, seek  
11107 recognition? For what purpose does he seek recognition?

11108 Mr. Hudson. I will strike the last word.

11109 Mr. Burgess. The gentleman is recognized for 5 minutes.

11110 Mr. Hudson. Thank you, Mr. Chairman. Obamacare has  
11111 failed the American people and we have serious legislation to  
11112 deal with this crisis, yet here we are over 12 hours into  
11113 this hearing and so far we have managed to debate the name  
11114 change of the bill to a hashtag, and we are now debating an  
11115 amendment to try and label this bill Trumpcare.

11116 Now we need to get serious because this is about the  
11117 American people. For example, Raphael, one of my  
11118 constituents in Charlotte, wrote me and said, I served in the  
11119 U.S. Marines from 1963 to 1967 and then joined IBM retiring  
11120 after 47 years in 2015, so I am okay. But my wife has not

11121 been able to get a reasonable health care policy since I  
11122 retired. As you know, Aetna ceased services in this area.  
11123 We were paying \$638 a month for a policy with a \$5,500  
11124 deductible, so effectively we were paying \$7,600 a year for a  
11125 mammogram and prescription drugs, and the policy did not even  
11126 pay for regular doctor visits.

11127 So at the end of 2016 we received a letter informing us  
11128 that Aetna would no longer cover her and she would be  
11129 automatically forwarded to another company's healthcare  
11130 policy that would now cover her for \$1,100 a month, including  
11131 the deductible that is \$13,200 a month for a similar policy,  
11132 a whopping 172 percent increase. We are hoping that she  
11133 stays healthy. We are waiting 4 years for her to turn 65 so  
11134 she can qualify for Medicare. You have to find a way to  
11135 provide health insurance for all who need it.

11136 Their plan is they hope she stays healthy for the next 4  
11137 years, and yet the other side can offer nothing but let's  
11138 change the name of the bill to a hashtag. I got a letter  
11139 from Claude in Albemarle. Last year I had three insurance  
11140 companies to pick from and my premium was \$1,100 per month  
11141 with a \$6,000 deductible. This year only one insurance  
11142 company was offered and the premium is \$2,300 a month with a  
11143 \$12,000 deductible, and he put an exclamation point there. I

11144 am forced to participate in this even though it is the worst  
11145 value in history. The cost of medical services has risen to  
11146 the point that I am considering moving to a foreign country.

11147 Brenda from Kannapolis, even though I have health  
11148 insurance the cost of my deductible has skyrocketed. I had  
11149 two tests recently and my out-of-pocket was \$1,200. Denise  
11150 from Concord: Dear Congressman Hudson, thank you for asking  
11151 us, we the people, to share our stories. The following is my  
11152 story. In October of 2015, my monthly premium was \$546.14.  
11153 By January of 2016 my monthly premium is \$1,072.38. So it  
11154 went from October 2015 of \$546 to January of 2016 of over a  
11155 thousand dollars. She wrote, ludicrous.

11156 My budget has been revamped and I am now living from  
11157 paycheck to paycheck. No longer can I put money in any type  
11158 of savings for car and home repairs or retirement. I am so  
11159 grateful to be employed full-time to be able to be self-  
11160 supporting and willing to do my part for affordable health  
11161 care, but enough is enough. Something has to be done so I  
11162 ask for your help, please.

11163 How about Alice from Union County, North Carolina? My  
11164 husband and I have worked all our lives, raised three  
11165 children, put them through college, paid our taxes and we are  
11166 good citizens of this wonderful country. Because of

11167        Obamacare our Medicare supplement insurance rates keep  
11168        increasing and prescription drug costs continue to rise.  
11169        Please help, exclamation point, exclamation point. We have  
11170        had to use credit cards to pay for prescriptions. I am going  
11171        to have to start being selective about what drugs we take.

11172                Real people are having to use credit cards to buy  
11173        prescription drugs, and in 12 hours all we can manage to do  
11174        is to debate whether or not we should change the name of the  
11175        bill to a hashtag. This is disgraceful. If you have got  
11176        better ideas put them forward. That is what an open process  
11177        is about. But this is about real people who are being  
11178        crushed by this law. There is a lot more people out there  
11179        that have a piece of paper that says insurance on it, but  
11180        they can't use because after the premiums they can't afford  
11181        the deductibles.

11182                If you have insurance but you can't go to the doctor  
11183        because you can't afford to use that insurance what good does  
11184        it do for you? We are on a rescue mission of the American  
11185        people. This legislation is going to put Americans in charge  
11186        of their own health care. It is going to give them the  
11187        ability to choose health insurance they want at a price they  
11188        can afford. It is time to stop the delays and the games. If  
11189        we want to have a debate about the substance of this bill I

11190 will stay here until the cows come home. If not, it is time  
11191 to move forward for the American people. And with that Mr.  
11192 Chairman, I yield back.

11193 Mr. Burgess. The Chair thanks the gentleman. The  
11194 gentleman yields back.

11195 For what purpose does the gentleman from New York seek  
11196 recognition? The gentleman is recognized for 5 minutes.

11197 Mr. Engel. Thank you. Thank you, Mr. Chairman.

11198 The previous speaker, you know, it would be much better  
11199 if we could put our heads together -- I said this before and  
11200 I will say it again -- and try to fix what we think is broken  
11201 in the Affordable Care Act. There were a lot of good things  
11202 in the Affordable Care Act. But we are not doing that.

11203 The Republicans have come forward with a bill. There is  
11204 no CBO score. If there was a CBO score, we might not even  
11205 have to debate half of these things because we would at least  
11206 have some facts, but we don't have that.

11207 If we had some ideas that were good and fixed it, it  
11208 would be defeated on a party-line vote, no matter how good  
11209 the idea is or how bad it is. So, in a way, this whole setup  
11210 is a farce. It is a farce because we are buying the pig in a  
11211 poke. We don't know how much it is going to cost. On this  
11212 side of the aisle, we are convinced that it is going to make

11213 it worse for our citizens. It is going to cost more money  
11214 and provide less health care.

11215 During his address to Congress last week, the President  
11216 promised a healthcare system that will expand choice,  
11217 increase access, lower costs, and at the same time provide  
11218 better health care. Yet, seconds later he touted policies  
11219 that do nothing to achieve his stated goals. We feel that  
11220 this bill is no different.

11221 We cannot hope to expand treatment for those who have  
11222 become so badly addicted while simultaneously gutting the law  
11223 that ensures coverage for substance abuse treatment.  
11224 Targeting Planned Parenthood, an organization that provides  
11225 comprehensive reproduction health for millions is  
11226 antithetical to the goal to invest in women's health.

11227 Access to coverage for Americans with preexisting health  
11228 conditions means nothing without the ACA's protections that  
11229 keep insurers from charging those consumers more for care,  
11230 even if there is a gap in their coverage.

11231 And those are just the broken promises from last week.  
11232 So, this bill before us today would raise costs for seniors,  
11233 force Americans to make due with worse coverage, and through  
11234 its radical restructuring of Medicaid, force states to ration  
11235 services that millions of Americans depend on. I don't

11236 recall hearing any of those promises before. Yet, that is  
11237 what is in the text in front of us.

11238 So, I said it before and I will say it again. My  
11239 friends on the other side of the aisle are finding that it  
11240 was very easy to make promises. It is a lot harder to  
11241 deliver progress the way ACA has in many instances. And  
11242 there is a reason why the American Hospital Association is  
11243 opposed to this bill. AARP is opposed to this bill. The  
11244 AMA, the American Medical Association, is opposed to this  
11245 bill. The Family Physicians are opposed, the Federation of  
11246 American Hospitals, Consumers Union. They don't willy-nilly  
11247 oppose these bills. They oppose it because of the reason  
11248 that many of us oppose it. We feel that, ultimately, it is  
11249 not sustainable. Yes, there are problems with Obamacare.  
11250 Let's fix those problems, not make them worse. This bill  
11251 makes it worse.

11252 When we read what some of the organizations who don't  
11253 support it are saying, the American Hospital Association, "We  
11254 cannot support the American Health Care Act in its current  
11255 form. Any ability to evaluate the American Health Care Act,  
11256 however, is severely hampered by the lack of coverage  
11257 estimates by the Congressional Budget Office. Lacking that  
11258 level of analysis and needed transparency, we urge the

11259 Congress wait until an estimate is available before  
11260 proceeding with formal consideration. That is not anything  
11261 radical."

11262 AARP, "We write today to express our opposition to the  
11263 American Health Care Act. This bill would weaken Medicaid's  
11264 physical sustainability, dramatically increase healthcare  
11265 costs for Americans aged 50 through 64, and put at risk the  
11266 health care of millions of children and adults with  
11267 disabilities, and poor seniors who depend on the Medicaid  
11268 program for long-term services and supports and other  
11269 benefits."

11270 The American Medical Association, "We cannot support the  
11271 AHCA as drafted because of the expected decline in health  
11272 insurance coverage and the potential harm it would cause to  
11273 vulnerable patient populations."

11274 The Family Physicians, "We are concerned that by rushing  
11275 to a markup tomorrow in the Energy and Commerce and Ways and  
11276 Means Committees, there will be insufficient time to obtain  
11277 nonpartisan estimates of this legislation's impact by the  
11278 Congressional Budget Office or for medical organizations like  
11279 ours and other key stakeholders in the healthcare community  
11280 to offer substantive input on the bill."

11281 So, this is important. This is one of the most

11282 important things that we are going to vote on this year. And  
11283 it is rushed through and we are buying a pig in a poke  
11284 because we don't have all the details. So, that is why we  
11285 are so disgruntled on the other side of the aisle. We don't  
11286 like this being jammed down our throats and rushed down our  
11287 throats and rushed down the American people's throats.

11288 So, again, I say I wish we could come together and try  
11289 to repair what is wrong in the Affordable Care Act and what  
11290 is good, keep. But this bill does nothing, unfortunately.

11291 I yield back.

11292 Mr. Burgess. The gentleman's time has expired.

11293 Is there anyone on the majority side seeking  
11294 recognition? For what purpose does the gentleman from  
11295 Louisiana seeking recognition?

11296 Mr. Scalise. Strike the last word, Mr. Chairman.

11297 Mr. Burgess. The gentleman is recognized for 5 minutes.

11298 Mr. Scalise. I appreciate it.

11299 I want to speak against this amendment. If you read the  
11300 amendment, what it says is that the provisions of this bill  
11301 won't take effect if the Congressional Budget Office and the  
11302 Joint Committee on Taxation certify that such provisions  
11303 result in lower healthcare costs, not whether or not they  
11304 actually result in lower healthcare costs, but whether or not

11305 CBO says that it will result in lower healthcare costs.

11306 So, I don't know if the gentlelady did this and it was a  
11307 drafting error or if it was design, but if she is going to  
11308 make CBO the only arbiter of fact in the marketplace, then I  
11309 think we ought to take a look at the results of CBO over the  
11310 years. Clearly, on Obamacare they were all over the board.  
11311 They missed the mark up sometimes; they missed the mark down  
11312 sometimes. They still keep giving revisions on Obamacare  
11313 because their initial estimates were wrong.

11314 You don't just look at Obamacare. Let's go look at what  
11315 this committee did on spectrum. The AWS-3 spectrum sale,  
11316 remember that? CBO's score on that sale said that taxpayers  
11317 would get zero dollars from the sale of that spectrum. Okay,  
11318 we have the luxury of time now. Let's go back and look at  
11319 how close CBO was to that score.

11320 They said the taxpayers would not get a dime from that  
11321 sale. They were a little bit off. That sale generated \$44  
11322 billion to the taxpayer.

11323 So, if any amendment like this was attached to that  
11324 bill, the taxpayers wouldn't have been able to get \$44  
11325 billion that helped lower our deficit and the people across  
11326 this country would not have been able to benefit from all of  
11327 the great innovation and technology that came from that

11328 spectrum being opened up to the private marketplace, so we  
11329 can do things like send data through smartphones.

11330 So, if you are going to make CBO the only arbiter, then  
11331 let me read a story from Jeff in Slidell. "Prior to  
11332 Obamacare, my premium for my family of four was about \$530 a  
11333 month with a \$3500 deductible. As premiums continued to rise  
11334 with Obamacare, I have had to get individual policies for my  
11335 kids. However, it has only helped a bit. Last year I paid  
11336 \$10,350 for my wife and I, \$1408 for my daughter, and \$1728  
11337 for my son, a total of \$13,487. I have a bronze plan, the  
11338 lowest possible plan. It pays basically nothing. My family  
11339 deductible is \$12,500. Needless to say, I am quite upset  
11340 with the plan. I am paying more than 15 percent of my income  
11341 for premiums, and I still have to pay all my other healthcare  
11342 costs. I am easily spending more than 25 percent of my take-  
11343 home pay for health care. It is financially taxing. We need  
11344 help."

11345 Just look at what Jeff experienced under Obamacare. He  
11346 was paying \$6,360, and after Obamacare he is paying more than  
11347 double, \$13,487. And the worst part is his deductible went  
11348 up 357 percent, more than tripled. These are real people.

11349 What you are saying with this amendment is, even if Jeff  
11350 is able to actually go out in the private marketplace and get

11351 a plan that costs him less money, just because CBO, who still  
11352 can't even give us real numbers, if CBO says that he is not  
11353 going to be able pay less, even though he actually finds a  
11354 plan that costs less, you are not going to let him go get  
11355 that cheaper plan that is better for him and his family.  
11356 Talk about elitism and government people telling somebody  
11357 else what is best for them.

11358 That is what is broken about Obamacare, is that you have  
11359 taken the choice away from families. You have taken the  
11360 choice out of their hands because you think you are a better  
11361 shopper than they are. People are pretty good shoppers, if  
11362 you go look around.

11363 We can talk later about bringing a bill forward that,  
11364 unfortunately, takes 60 votes in the Senate, so that you can  
11365 buy insurance across state lines. I sure hope you all vote  
11366 with us on that one. But people buy everything across state  
11367 lines. People know how to shop for themselves. They don't  
11368 need some bureaucrat in Washington telling them what they can  
11369 and can't buy. And if some unelected bureaucrat at the CBO  
11370 who still can't even give us numbers is wrong again --  
11371 remember, zero dollars they said was going to be coming in --  
11372 \$44 billion ended up coming in. They were just a little bit  
11373 off. But they don't have the booth to go in like referees on

11374 a football field, so they just stay wrong.

11375 Under your amendment, they would never be able to get  
11376 the benefit of the lower cost that they can go out and find  
11377 on their own without your help. So, no thank you. But if  
11378 you are from Washington and you are here to help, people have  
11379 had enough of that one-size-fits-all. Let's get this bill of  
11380 President Trump's desk, so he will sign it and we can provide  
11381 real relief for people like Jeff from Slidell and millions of  
11382 others across the country. Let's defeat the amendment.

11383 I yield back.

11384 Mr. Burgess. The gentleman's time has expired.

11385 For what purpose does the gentleman from Pennsylvania  
11386 seek recognition?

11387 Mr. Doyle. Strike the last word, Mr. Chairman.

11388 Mr. Burgess. The gentleman is recognized for 5 minutes.

11389 Mr. Doyle. I speak in support of the amendment. Well,  
11390 look, we all have these nice stories, on both sides of the  
11391 aisle, these anecdotal stories of our constituents.

11392 But let's look at a chart from the Kaiser Family  
11393 Foundation, a pretty reputable organization. Because there  
11394 is a lot of talk about premiums since Obamacare, let's take a  
11395 little walk down memory lane and let's go back in the first 5  
11396 years between 2000 and 2005. Average premiums for a family

11397 in this country increased from \$6,438 up to about \$10,800, an  
11398 increase of a little over \$4,000. In the 5 years between  
11399 2005 and 2010, average premiums for a family increased about  
11400 \$3,000, from \$10,800 to \$13,770.

11401 So, in the 10 years before the ACA, the average annual  
11402 premium for a family more than doubled from \$6,438 to  
11403 \$13,770. That is the 10 years before the ACA.

11404 What has happened after the ACA, according to the Kaiser  
11405 Family Foundation? Well, in the 5 years between 2010 and  
11406 2015, these premiums increased from \$13,770 to over \$17,800,  
11407 an increase of about \$4,000. And we know that since that  
11408 time, in the last couple of years, there have been increases,  
11409 too.

11410 But the fact of the matter is, if you look at the 10  
11411 years before the ACA and the 8 years since the ACA, the  
11412 premiums have gone up about at the same rate as they did  
11413 before the ACA. So, this myth that is out there that somehow  
11414 premiums have gone up a lot more under ACA than before ACA is  
11415 not borne out by the Kaiser Family Foundation and average  
11416 family increases.

11417 Mr. Burgess. Will the gentleman yield?

11418 Mr. Doyle. No, not right now because I have some more  
11419 things I want to say. And then, I will yield.

11420 I also want to talk about the individual markets. In my  
11421 prior lifetime before coming here, I was in the insurance  
11422 business. I owned an insurance agency and I am licensed in  
11423 life insurance, accident and health insurance, property  
11424 insurance, and casualty insurance. I sold individual life  
11425 policies and I sold commercial policies to large  
11426 corporations. I know a little bit about the health insurance  
11427 market.

11428 You know, when you look at insurance companies, they  
11429 look to manage their risk. The way they managed their risk  
11430 before the ACA was through preexisting conditions. They  
11431 weeded out sick people. And then, for the ones that slid in  
11432 that weren't sick when they bought the insurance, they were  
11433 able to cap benefits. These were ways they were able to  
11434 control their exposure, so that they could keep their  
11435 premiums and make a profit. These companies were in business  
11436 to make a profit.

11437 When the ACA got put in, we said to the insurance  
11438 industry, you can't discriminate against sick people anymore  
11439 and you can't cap benefits. Well, all of a sudden, that is  
11440 going to make their risk pool a lot riskier.

11441 So, what we did to try to help them in that regard,  
11442 along with some of the other taxes there were put in the ACA,

11443 is we said we are going to mandate young healthy people to  
11444 buy insurance, which will put people into the risk pool that  
11445 would be paying premiums but not requiring much service from  
11446 the insurance companies to smooth out their risk pool. That  
11447 was the thought behind it.

11448 Now what was the mistake? The mistake, in my opinion,  
11449 was the penalty for not signing up was way too low, and it  
11450 was easier to pay the penalty than to stay in for the  
11451 insurance program.

11452 But my question is, now that this bill says that you  
11453 don't have to buy insurance, there is very, very little  
11454 incentive for these young healthy people who think they are  
11455 invincible to buy insurance, when all they have to do is wait  
11456 until they need insurance. Then, they buy it and they pay a  
11457 30-percent penalty. And after they get whatever procedure  
11458 they have got to get, because they had to buy insurance for  
11459 it, they just drop the insurance right after they are done  
11460 doing it.

11461 I am very curious to see how the insurance companies are  
11462 going to view that as a same kind of risk maneuver having the  
11463 individual mandate. So, here is my question. Maybe counsel  
11464 can answer this question. What are you doing in the bill to  
11465 control exposure, you know, to keep the risk pool down?

11466 Because now you have taken away one of the primary ways that  
11467 we did it under ACA, and that is allowing young healthy  
11468 people to go into the risk pool. We mandated it, sort of  
11469 like car insurance where you have got good drivers paying for  
11470 bad drivers. The idea was to have young healthy people to  
11471 help us pay for sick people, but that is not going to be  
11472 mandatory anymore.

11473 So, I guess what I am curious about is, what are you  
11474 doing in the bill to keep the risk pool from getting much  
11475 riskier if these young people don't sign up?

11476 Mr. Burgess. I do not believe that is an appropriate  
11477 question for counsel.

11478 Mr. Doyle. Okay, Dr. Burgess, do you want to take a  
11479 stab at it?

11480 Mr. Burgess. It is a policy question, and that is the  
11481 purpose in doing the debate on the bill tonight. So, that is  
11482 what we are here doing.

11483 Mr. Doyle. Well, tell me, I am trying to understand,  
11484 what are you doing in the bill? Or is this in bucket No. 6  
11485 or something? What are you doing in the bill to deal with  
11486 the fact that young people aren't going to buy insurance  
11487 because you are not mandating it anymore? They are just  
11488 going to wait until they need insurance and game the system.

11489 What are you doing to keep the risk pool from getting  
11490 riskier/

11491 Mr. Burgess. Now are you concentrating on the amendment  
11492 or the underlying --

11493 Mr. Doyle. I am asking you a question, if you want to  
11494 answer it.

11495 Mr. Burgess. Well, the continuous coverage requirement  
11496 that has been in place in Medicare Part B and Medicare Part -  
11497 -

11498 Mr. Doyle. That is a joke, a 30-percent premium. Who  
11499 wouldn't do that? Who wouldn't just game that system? I  
11500 can't wait for the insurance industry to tell us what they  
11501 think about this bill. I mean, a 30-percent premium is  
11502 nothing.

11503 Mr. Burgess. And the gentleman's time has expired.

11504 Mr. Doyle. Yes, and no answers.

11505 Mr. Burgess. Anyone on the majority side seek  
11506 recognition? Anyone on the minority side seek recognition?

11507 The gentleman from -- well, is that right in your  
11508 seniority order? Sorry. The gentlelady from Illinois, are  
11509 you seeking -- for what purpose does the gentlelady from  
11510 Illinois seek recognition?

11511 Ms. Schakowsky. Thank you. To strike the last word,

11512 Mr. Chairman.

11513 Mr. Burgess. The gentlelady is recognized for 5  
11514 minutes.

11515 Ms. Schakowsky. I wanted to just comment on a couple of  
11516 the things that the President has said that I am sure  
11517 everybody wants to incorporate in legislation. On the 25th  
11518 of January, he said, "It is going to be, what my plan is that  
11519 I want to take care of everybody. I'm not going to leave the  
11520 lower 20 percent that can't afford insurance."

11521 And then, later that day, he said, "So, I want to make  
11522 sure that nobody is dying on the street when I'm President.  
11523 Nobody is going to be dying on the street. We will unleash  
11524 something that's going to be terrific."

11525 Well, if I find it interesting, then, that so many of  
11526 these organizations -- I know, Dr. Burgess, you said that you  
11527 are not a member of the American Medical Association. But  
11528 one of the --

11529 Mr. Burgess. Will the gentlelady yield?

11530 Ms. Schakowsky. Yes.

11531 Mr. Burgess. I am a member of the American Medical  
11532 Association.

11533 Ms. Schakowsky. Oh, you are a member? Oh, no, you are  
11534 a member --

11535 Mr. Burgess. I am a dues-paying member paid up in full

11536 --

11537 Ms. Schakowsky. That is right. I am sorry.

11538 Mr. Burgess. -- not an emeritus member, not a retired

11539 member; a dues-paying full-fledged voting member of the AMA.

11540 I yield back.

11541 Ms. Schakowsky. I apologize. I apologize.

11542 What you did say, though, is, as a member, you disagree

11543 with the position that the AMA has taken. Am I right about

11544 that?

11545 Mr. Burgess. The gentlelady is correct.

11546 Ms. Schakowsky. Okay.

11547 Mr. Burgess. I disagree with the position.

11548 Ms. Schakowsky. Right. I did want to quote it,

11549 nonetheless. Because what they refer back to is what the

11550 President was saying. "We encourage you to ensure that low-

11551 and moderate-income Americans will be able to secure

11552 affordable and adequate coverage, and that Medicaid, CHIP,

11553 and other safety-net programs are maintained and adequately

11554 funded. And critically, we urge you to do all that is

11555 possible to ensure that those who are currently covered do

11556 not become uninsured." And their conclusion was, "We cannot

11557 support the AHCA as drafted because of the expected decline

11558 in health insurance coverage and the potential harm it would  
11559 cause to vulnerable patients and populations."

11560 Then, the American Hospital and Health Systems said,  
11561 "The draft legislation proposed, being considered by the  
11562 House committee, could lead to tremendous instability for  
11563 those seeking affordable coverage. We cannot support the  
11564 American Health Care Act as currently written."

11565 On kind of a different note, we find that from the faith  
11566 community the Episcopal Church says, "This current proposal  
11567 falls woefully short of our spiritual calling to care for  
11568 the", quote, "`least of these,'" unquote, as well as the noble  
11569 values upon which our great nation was founded."

11570 And Sister Carol Keehan, who is president and CEO of the  
11571 Catholic Health Association of the United States, said, "We  
11572 are strongly opposed to the House GOP Affordable Care Act  
11573 (ACA) repeal and replace legislation that asks the low-income  
11574 and most vulnerable in our country to bear the brunt of the  
11575 cuts to our healthcare system."

11576 And then, you look at some of the disease organizations  
11577 that we have been trying to help, the Cystic Fibrosis  
11578 Foundation, "The bill released by the two House committees  
11579 this week failed to adequately protect people living with  
11580 cystic fibrosis and placed the lives of millions of Americans

11581 living with serious and chronic disease at risk."

11582 And the Consortium for Citizens with Disabilities  
11583 remains "strongly against any proposal that institutes per-  
11584 capita caps in the Medicaid system."

11585 The American Foundation for Suicide Prevention says, "We  
11586 must ensure the gains we have made in mental health and  
11587 substance use disorder coverage remain in place, so every  
11588 American has a path to a more healthy and productive life."

11589 And on and on of groups on all sides of the spectrum and  
11590 with all interests, that is, in various diseases from a  
11591 faith-based view, are opposed to this legislation, including  
11592 in the healthcare industry itself and the healers.

11593 So, I would just say that this amendment which calls on  
11594 us to say let's fulfill the promises that have been made,  
11595 let's make sure that we have the information we need to say  
11596 that it really lives up to it.

11597 And I yield back.

11598 Mr. Burgess. The gentlelady's time has expired and the  
11599 gentlelady yields back.

11600 Is there any member on the majority side that seeks  
11601 recognition?

11602 Seeing none, the Chair turns to the minority side. Does  
11603 the gentleman from New Mexico still seek time? For what

11604 purpose does the gentleman from New Mexico --

11605 Mr. Lujan. To strike the last word.

11606 Mr. Burgess. The gentleman is recognized for 5 minutes.

11607 Mr. Lujan. Thank you, Mr. Chairman.

11608 Mr. Chairman, in looking at the amendment, I appreciated  
11609 our colleague, the Whip, Mr. Scalise, bringing attention to  
11610 the language in the amendment. While many of my colleagues  
11611 have taken offense with the title of this amendment, I hope  
11612 that they look at the content of this amendment. It is not a  
11613 long one. It is easy to read.

11614 "None of these previous provisions of this title,  
11615 including amendments made by such provisions, shall take  
11616 effect until such date that the Congressional Budget Office  
11617 and the Joint Committee on Taxation certify that such  
11618 provisions and amendments result in lower-cost health care,  
11619 as measured by average premium for your comparable benefits,"  
11620 as my Republican colleagues have claimed this will do. It  
11621 goes on to read, "more affordable health care as measured by  
11622 the amount paid out of pocket toward health insurance and  
11623 better health insurance as measured by improved health  
11624 insurance benefits, and no increase in the rate of  
11625 individuals without health insurance."

11626 This language is everything that our Republican

11627 colleagues claim that their bill will achieve. So, all this  
11628 says is the bill goes into effect once each of these measures  
11629 is hit.

11630 Now I very much appreciated our colleague, Mr. Whip,  
11631 Scalise's remarks going after the Congressional Budget  
11632 Office. I was waiting for that tonight from someone on the  
11633 other side of the aisle because Politico predicted this.  
11634 They are pretty good, I guess. Yesterday, which was the 7th,  
11635 well, still yesterday, the 7th, the article's title reads,  
11636 "GOP Slams Budget Scorekeeper as Repeal Bill Moves Forward".

11637 In the second paragraph of the article, it says,  
11638 "Anticipating that their plan will have fewer Americans  
11639 insured than Obamacare, and potentially cost the federal  
11640 government more, Republican leaders on Tuesday launched a  
11641 pre-emptory strike against forthcoming predictions from  
11642 Congress' independent scorekeeper, the Congressional Budget  
11643 Office." So, good for Politico. They called it.

11644 Mr. Green. Mr. Chairman, does the gentleman yield?

11645 Mr. Lujan. I would yield to the gentleman from Texas.

11646 Mr. Green. Who appoints the Congressional Budget  
11647 Office, the CBO? Who is in charge of the Congressional  
11648 Budget Office?

11649 Mr. Burgess. Mr. Green, I think general counsel might

11650 be able to help us answer that question.

11651 Mr. Green. Who appoints the Congressional Budget  
11652 Office? Is it the House and the Senate?

11653 Mr. Burgess. It is, yes, it is. I believe it is the  
11654 Chair and the Ranking Members of the Budget Committee.

11655 And I will just say, of course, the men and women at the  
11656 Congressional Budget Office, if the gentleman will continue  
11657 to yield, the men and women of the Congressional Budget  
11658 Office work for us and they work very hard, and we encourage  
11659 them to do their work and report as best a product as they  
11660 can. They are our friends, and we certainly support the work  
11661 that they do, and we honor their work and their service to  
11662 our country.

11663 I yield back to the gentleman.

11664 Mr. Green. Well, if I can still have the yielded time?

11665 If we don't like what the Congressional Budget Office  
11666 does and we think they are erroneous, why would we keep  
11667 paying them?

11668 [Laughter.]

11669 And thank you, Mr. Lujan.

11670 Mr. Lujan. To Mr. Sarbanes, but I will need a little  
11671 bit of time again, Mr. Sarbanes.

11672 Mr. Sarbanes. I want to thank the gentleman for

11673 pointing out what I think is going on here. At least some  
11674 members on the other side, and Mr. Scalise I think is  
11675 representative of this, are setting the CBO up for a takedown  
11676 next week. That is what they are doing.

11677 And they put off getting the CBO for this hearing  
11678 because they, I think, have anxiety about what those numbers  
11679 are going to show, and they knew that we would pull that into  
11680 the discussion and want to share that with the public. So,  
11681 they are putting that off, but they are also setting the  
11682 table so that, once that report comes out, if they don't like  
11683 it, then they can attack the CBO as sort of not being up to  
11684 the task. So, I thank you for bringing attention to that.

11685 I yield back.

11686 Mr. Lujan. I appreciate that, Mr. Sarbanes.

11687 And so, all that I will say is, President Trump, if you  
11688 are watching tonight, since our Republican colleagues seem to  
11689 not want to accept the Congressional Budget score, can you  
11690 please tweet out its scores, so we have something to work  
11691 with?

11692 With that, I yield back.

11693 Mr. Burgess. The gentleman yields. The Chair thanks  
11694 the gentleman. The gentleman yields back.

11695 Is there any member on the majority side who seeks

11696 recognition? Seeing none, on the minority, Mr. Tonko, for  
11697 what purpose does Mr. Tonko seek recognition?

11698 Mr. Tonko. Strike the last word, please.

11699 Mr. Burgess. The gentleman is recognized for 5 minutes.

11700 Mr. Tonko. Thank you, Mr. Chair.

11701 I rise in support of the Castor amendment. The  
11702 Republican path --

11703 Mr. Burgess. The gentleman will suspend. The committee  
11704 will come to order. It is late and some of us have trouble  
11705 hearing. So, in order that the gentleman may be heard, the  
11706 committee will come to order.

11707 The gentleman is recognized.

11708 Mr. Tonko. Thank you.

11709 The Republican path to this failing healthcare bill is  
11710 littered with broken promises. Again and again, President  
11711 Trump promised the American people a plan that would provide  
11712 better health care than the ACA. This plan breaks that  
11713 promise.

11714 The Republican repeal plan promises to strengthen  
11715 Medicaid. The reality is that, under this Republican plan,  
11716 millions of individuals and families that rely on Medicaid in  
11717 communities all across our country will face caps on their  
11718 care and funding for the program will be cut by some \$370

11719 billion over the next decade. Maybe my colleagues think that  
11720 Medicaid patients deserve fewer protections, but this sounds  
11721 like another broken promise to me.

11722 President Trump promised that his plan would lower  
11723 costs. This plan breaks that promise for millions of  
11724 Americans, including seniors who will face higher premiums  
11725 and end up with plans with higher deductibles and less  
11726 coverage.

11727 He also promised that the poorest Americans would not be  
11728 left without coverage. He said, quote, "We're going to have  
11729 insurance for everybody." The plan before us breaks that  
11730 promise in spectacularly callous fashion, gutting benefits  
11731 for the poorest Americans to pay for a tax break for  
11732 millionaires, and shifting heavy cost burdens onto our  
11733 middle-class and working families.

11734 Speaker Paul Ryan promised transparency and openness on  
11735 his Republican healthcare plan. He said and I quote, "We're  
11736 not hatching some bill in a back room and plopping it on the  
11737 American people's front door." But when I and other  
11738 lawmakers from both parties went to the room in the Capitol  
11739 where supposedly a draft was being reviewed by House  
11740 Republicans, we got the runaround.

11741 This process has had no transparency, no openness. And

11742 now, this bill is being rammed down our throats as quickly as  
11743 possible by a Republican leadership too afraid to let the  
11744 American people or even their fellow Republicans see the  
11745 severe cuts and heavy cost increases that they are planning  
11746 for our middle-class and working families.

11747           Republicans promised a healthcare plan that gives  
11748 Americans more freedom and more choice. Can we really call  
11749 it choice when individuals are forced to choose between  
11750 paying rent and going to the doctor? Do we say American  
11751 families are more free when they get sick after buying into  
11752 healthcare plan with deductibles so high and standards so low  
11753 that it isn't worth the paper on which it is printed?

11754           In this minefield of broken promises, the great lie in  
11755 the plan before us today is it is long-term effects which  
11756 promise to undermine every promise that Republican leaders  
11757 have made on this issue. This Republican proposal has no  
11758 plan to rein-in rising healthcare premiums or out-of-pocket  
11759 costs. That means the value of these already meager tax  
11760 credits will get smaller and smaller, leaving working  
11761 families and those with chronic preexisting conditions with  
11762 tougher and tougher choices. Do I buy food or medicine? Do  
11763 I get school supplies or take my kid to the doctor? There  
11764 are people watching this right now that are asking themselves

11765 those very questions.

11766 I want my Republican colleagues to consider this point  
11767 very carefully because this will be their legacy when middle-  
11768 class and working families get squeezed to help America's  
11769 wealthiest pay for another boat or yet another vacation home.

11770 And with that, I yield back, unless --

11771 Mr. Burgess. The gentleman yields back.

11772 Mr. Tonko. I yield to Mr. Schrader.

11773 Mr. Schrader. Thank you, Mr. Tonko.

11774 Just to enter into the record some work that the  
11775 Commonwealth Foundation did back in January 2010 with regard  
11776 to CBO estimates on health reform. I think that is very  
11777 applicable to what we are talking about here.

11778 You know, we never get it all right. We don't get it  
11779 exactly right. I don't think we expect that. But I think it  
11780 is noteworthy that back in the Reagan era, when they were  
11781 some Medicare hospital respective payment system, CBO  
11782 projected \$10 billion in savings. Well, they got that wrong.  
11783 It was \$21 billion in savings.

11784 The Balanced Budget Act, 1997, the Clinton era, \$112  
11785 billion savings total expected. Well, they got that wrong,  
11786 too. It was actually 50 percent greater than what they had  
11787 estimated. Oh, darn.

11788 Medicare Modernization Act Part D, an estimated \$206  
11789 billion in additional spending being required, and they  
11790 actually spent 40 percent less.

11791 So, CBO, yes, they don't get it right all the time, but  
11792 they are giving us the best estimates possible. In this  
11793 case, we saved a lot more. And under the Affordable Care  
11794 Act, the deficit projections early on were the \$100-\$110  
11795 billion range. They are now \$350 billion. So, they do the  
11796 best they can and they err a little bit on both sides. If we  
11797 have to have some nonpartisan arbiter, they are it.

11798 And I yield back. Thank you.

11799 The Chairman. [presiding.] The gentleman yields back.

11800 The Chair recognizes himself in opposition to the  
11801 amendment.

11802 And I appreciate the comments from my friend and  
11803 colleague from Oregon.

11804 I also want to enter into the record the ASPE Research  
11805 brief which shows on table 7 the average monthly premiums for  
11806 second lowest-cost silver plans for a 27-year-old before tax  
11807 credits, 2014 to 2016, in the health.gov state. So, this is  
11808 sort of the base plan they base the tax credits on.

11809 The increase in 2015-2016 year in my State of Oregon was  
11810 up 23 percent, and the increase in the 2016-2017 year was up

11811 27 percent. So, if my math is any good at all, 23 plus 27 is  
11812 a 50-percent increase in the plan they modeled the credits on  
11813 in a 2-year period. I would hope after a 50-percent increase  
11814 in the premiums in this market that things would sort of top-  
11815 off.

11816 So, without objection, we will put those in the record.

11817 [The information follows:]

11818

11819 \*\*\*\*\*COMMITTEE INSERT 18\*\*\*\*\*

11820           The Chairman. I remember the debates over Medicare Part  
11821 D. We went all night. We had a lot of amendments we  
11822 considered then. They were substantive, and we took a lot of  
11823 votes.

11824           And I remember the point my colleagues made about CBO's  
11825 estimates and they were disputed at the time, as was the  
11826 whole concept behind Medicare Part D. Republicans believed  
11827 that we could create a competitive marketplace that would  
11828 work for senior citizens, so they did not have to get a bus  
11829 to Canada or Mexico to get their drugs; that you could create  
11830 drug-only plans.

11831           The Democrats wanted to walk in all these benefits,  
11832 "essential benefits," quote/unquote, into the Medicare Part D  
11833 plans. We said we don't think that will work; we think it  
11834 will drive up premiums, drive up costs, and reduce access.  
11835 And we held off those amendments. So, I don't know, we  
11836 probably had 60 of them overnight.

11837           The long and the short of it is we let the market work  
11838 because we set up a marketplace that would work. Premiums  
11839 today aren't far above what they were when the plan rolled  
11840 out, I think it was 2003-4, somewhere in there. And as my  
11841 colleague points out, the overall costs are down 40 percent  
11842 compared to what CBO thought they would be.

11843           So, if you design a market right, you can get  
11844 competition that works for consumers. Our goal is to put the  
11845 consumer first, get the market right, and do the same thing  
11846 in the individual market the Republicans did against enormous  
11847 opposition by the Democrats on Medicare Part D. The reason  
11848 seniors today have Medicare Part D is because Republicans sat  
11849 right in this room and fought on these issues and won and  
11850 took it to the Floor in a rather extended vote, I would  
11851 confess, on the Floor, until we got it passed and got it into  
11852 law, signed into law by George W. Bush.

11853           So, seniors on Medicare I think today are pretty  
11854 satisfied with Medicare Part D. And now, the donut hole has  
11855 been closed. We couldn't do it then because we didn't have  
11856 the budget capability. But it got closed and we are not  
11857 reopening that in the ACA. We don't. I am not disputing  
11858 that. And so, we are not; we are not opening that back up.  
11859 That stays closed.

11860           So, you know, there has been a lot of talk here about  
11861 all these incredibly important stories we are hearing, and  
11862 then, it is as if these people are going to be dumped out on  
11863 the street when, in fact, they will continue to qualify for  
11864 Medicaid. And if you are on expanded Medicaid, you stay on  
11865 at the high 90-percent reimbursement rate at the low end from

11866 the states -- or from the feds.

11867 We are just asking the states to step up and be a bigger  
11868 partner in taking care of a shared population, so people  
11869 don't fall through the cracks. Because, remember, there is  
11870 also this generational transfer of wealth that is going on,  
11871 only in this case it is transfer a debt because the federal  
11872 government is having to borrow money to give to states who  
11873 have surpluses in many cases.

11874 I have heard from these governors, by the way, and you  
11875 all probably have, too. When your governor says they want  
11876 more money for whatever it is and, then, remind you they have  
11877 to balance their budget, and it is like, yes, duh, that is  
11878 why we need a Constitutional Amendment to require a balanced  
11879 budget here.

11880 We have got to get the federal house in order. You do  
11881 that by reforming these programs, by bending the cost curves  
11882 down, by doing for Medicaid, which, by the way, this is not  
11883 that radical, because you know what we do with  
11884 transportation? We send a block grant of money to the  
11885 states, and the local communities, we have a 6-year planning  
11886 process in Oregon. It is all local up. It is called the  
11887 STIP. They come up with the local needs in the local regions  
11888 and how they decide how to spend the transportation dollars.

11889 It is what we just passed as a Congress in many respects with  
11890 the ESSA reform to transfer educational decisionmaking out  
11891 with fewer strings from the federal government because we  
11892 think we can do it better there.

11893 If we believe in this for transportation and education,  
11894 it only makes sense we believe in it for health care, which  
11895 is even more important than those two.

11896 My time has expired and I yield back.

11897 Are there other members seeking recognition? The order?  
11898 So, we will go to Mr. Sarbanes who has not been recognized.  
11899 Mr. Sarbanes is recognized for 5 minutes.

11900 Mr. Sarbanes. Yes, thank you, Mr. Chairman. I yield my  
11901 time to Congressman Pallone.

11902 Mr. Pallone. Thank you. And I am not going to take up  
11903 all the time.

11904 But I just wanted to respond to some parts of what the  
11905 chairman said. You know, a week ago the National Governors  
11906 Association, you know, various governors -- I think there  
11907 were about 12, more Republican than Democrat, actually -- met  
11908 with myself and some of the Democratic leadership. They  
11909 asked to meet with us. It wasn't that we asked to meet with  
11910 them.

11911 And they were very, very concerned about the cuts in

11912 Medicaid that might come up in the context of this  
11913 legislation. They hadn't seen the legislation yet because  
11914 this was before you gave it to us, but they had some idea  
11915 that it would be a cap and that that would result because of  
11916 what is going to happen with both Medicaid expansion as well  
11917 as with traditional Medicaid, that less money would be coming  
11918 to the states.

11919 And, you know, the response was nothing like what you  
11920 said, Mr. Chairman. I understand maybe you are saying they  
11921 just want money and they just want the federal government to  
11922 pay for everything. The bottom line is, though, many of  
11923 these states have major budgetary problems, my own certainly  
11924 included, even though they have Republican governors.

11925 They are concerned that, if they get less money because  
11926 of the cap or because of whatever this legislation does, that  
11927 they are going to have to kick people off Medicaid. You  
11928 said, oh, they are not going to kick them off. That is  
11929 exactly what they were concerned about, that they would have  
11930 to kick people off.

11931 I think a lot of people think that the governors want  
11932 all this flexibility. Well, I didn't hear -- I mean, a  
11933 couple of them mentioned flexibility, but flexibility wasn't  
11934 really what they were after. They were concerned about the

11935 fact that they would be getting less money; they would have  
11936 to kick people off Medicaid, and that they wouldn't be able  
11937 to offer them a lot of the benefits that they offer them now,  
11938 simply because they wouldn't have the money.

11939 So, I just think that, if you listen to what they are  
11940 saying -- and I am not saying they all said this, but, you  
11941 know, generally, there were about a dozen of them there, more  
11942 Republican than Democrat -- that the very things that you  
11943 seem to be dismissing are exactly what they are concerned  
11944 about. I think to suggest that somehow this is the state's  
11945 responsibility, and not the federal government's  
11946 responsibility, again, now I know you didn't say that; I am  
11947 not suggesting that you were saying that. I think you  
11948 suggested that it had to be a shared responsibility.

11949 But, I mean, the bottom line is the reason that we have  
11950 the Medicaid expansion and that we started out with 100-  
11951 percent funding was because we realized, when we passed the  
11952 ACA, that a lot of the states were strapped and they weren't  
11953 going to be able to expand Medicaid; they weren't going to be  
11954 able to serve this population of people that couldn't afford  
11955 to pay their premiums, unless they had a major infusion of  
11956 federal funds.

11957 And I don't think anything has changed in that regard.

11958 If you want to look at this from a realistic point of view --  
11959 you know, separate the ideology, separate what you think the  
11960 states should pay, what the federal government should pay --  
11961 the bottom line is that states can't afford it. And if we  
11962 don't do it, in reality, exactly what is going to happen,  
11963 people are going to get kicked off and they are not going to  
11964 have a lot of the benefits, including mental health and other  
11965 things.

11966 I yield back to the gentleman.

11967 Mr. Sarbanes. Thank you.

11968 Just to follow up on those comments, in a sense this is  
11969 a classic bait and switch. The bait is we are going to give  
11970 you all this additional flexibility, right? That is going to  
11971 be what the governors are going to have under this new  
11972 formula.

11973 And let's make no mistake. What is happening in the  
11974 Medicaid program, we are not taking it back to where it was  
11975 before the ACA; we are going someplace completely new. We  
11976 are going to this per-capita cap, which is going to be a  
11977 massive decrease of funding over time to the states.

11978 The bait is, oh, we are going to give you the  
11979 flexibility. The switch is we are going to switch out robust  
11980 funding for the Medicaid program and we are going to replace

11981 it with something that is going to put tremendous pressure on  
11982 the states when they are trying to deal with these various  
11983 populations that are being served right now.

11984 So, this notion that what is being offered in this bill  
11985 is a, quote/unquote, "rescue mission," which is kind of the  
11986 lead talking point I have heard here tonight, is  
11987 preposterous. This is not a rescue; this is going to make  
11988 the situation worse for many on Medicaid, and it is also  
11989 going to negatively impact those who are trying to get  
11990 insurance in the individual market, which is a point that we  
11991 will have an opportunity to make again as the hearing  
11992 proceeds.

11993 And I yield back my time.

11994 The Chairman. The gentleman yields back the balance of  
11995 his time.

11996 The Chair recognizes the gentleman from Illinois, Mr.  
11997 Shimkus.

11998 Mr. Shimkus. Thank you, Mr. Chairman.

11999 Again, I appreciate the debate and the discussion, and  
12000 we are being educated on policies. I have used this chart  
12001 numerous times in healthcare hearings and budget processes,  
12002 and that is just our budget. It is 3.7 as of 2015. The red  
12003 is the mandatory spending, and Medicaid is there at \$350

12004 billion. Because Medicaid is part of this debate, Medicaid  
12005 expansion is part of this debate.

12006 Now the red is automatic spending. We don't control it.  
12007 The blue is the discretionary. That is what we fight on all  
12008 the time. That is where we shut down the government on. The  
12009 half of the discretionary budget is defense. Okay?

12010 Now let's go to the next slide, unless someone disputed  
12011 that original one. We could talk about those numbers.

12012 So, this is a picture of where the country has been and  
12013 where the country is going. Now no one disputes the fact  
12014 that we have \$19 trillion in debt. I would assume we  
12015 understand that we have \$19 trillion in debt.

12016 So, if you look at the proportion of the automatic  
12017 spending to the discretionary budget, look what has happened.  
12018 Left unchecked, look where we are at 2026. So, yes, CBO is  
12019 great. It is fine.

12020 But the point is the automatic spending. So, in this  
12021 healthcare debate, what Obamacare did, it kind of created two  
12022 tiers of Medicaid, the traditional Medicaid for the sick and  
12023 the absolute poor, and that, different states have a  
12024 different match. I was going to use this, Mr. Doyle, when  
12025 you were talking, but, then, I said no. You were getting too  
12026 riled up.

12027 [Laughter.]

12028 And then, Obamacare established a new tier of Medicaid-  
12029 eligible, and they enticed the states to bring in a new  
12030 category with 100-percent payment for that top tier for 4  
12031 years. And then, it ratchets down to 90/10. So, that is  
12032 where we are at.

12033 So, when we get the CBO score and we do some actuary  
12034 changes on Medicaid, I think you all will be pleasantly  
12035 surprised at how much money is going to be saved. Because  
12036 what happens at that top level is called churning. People at  
12037 that top level stay on, on average, about 6 months, because  
12038 this is what you want them to do, because you want them to  
12039 get a job. You want them to be in the market. And that  
12040 natural churn addresses that number at that upper level of  
12041 the Medicaid.

12042 But, of course, the governors are going to come and say,  
12043 "Don't touch it." We are subsidizing their whole frickin'  
12044 program, and we are doing it because of Medicaid expansion.  
12045 So, they are going to say, "Give me the money. We want more  
12046 money. We want to deal with this."

12047 So, what we are doing in this bill is saying you are  
12048 going to get a per-capita grant and you have got to manage  
12049 these folks. If you want to keep that additional population,

12050 go for it. Send in a request to HHS. Try to do a waiver.  
12051 But, eventually, we have got to get back to the FMAP that the  
12052 lower portion of Medicaid gets paid for. In Illinois it is  
12053 50/50, right? The lower portion, for every dollar we pay,  
12054 the federal government pays 50 cents; the State of Illinois  
12055 pays 50 cents.

12056 There are some states here, they have a greater ratio,  
12057 65/30, 80/20, 73/27. I always argue that these states -- I  
12058 feel I don't want to get screwed by this process. We are the  
12059 most wealthy state that has the biggest debt. And all our  
12060 wealth is in Chicago and there are a lot of poor people in  
12061 the Chicago area, but, obviously, real poor is real poor.  
12062 And we don't get the same match.

12063 I think this is where we could fix, but the intent of  
12064 our bill -- and my time is running out -- is that, when you  
12065 talk Medicaid, you are talking two different levels, and  
12066 there is some debate that the poor, sick, disabled are on  
12067 waiting lists in the lower portion and not in the higher  
12068 compensated amount. By doing this, by addressing this per-  
12069 capita process, we will have the states fix these problems.

12070 And I yield back my time.

12071 The Chairman. The gentleman yields back the balance of  
12072 his time.

12073           The Chair recognizes the gentleman from California, Mr.  
12074           McNerney.

12075           Mr. McNerney. Thank you.

12076           The Chairman. The gentleman is recognized for 5  
12077           minutes.

12078           Mr. McNerney. And I will try not to use the whole time.

12079           But, look, what Mr. Shimkus is doing, I think, and I  
12080           guess Chairman Walden as well, is saying, I think -- I am  
12081           going to put words in their mouth now -- that this is  
12082           essentially budget-driven. Okay? In other words, I have  
12083           heard different things. I think Mrs. McMorris said earlier  
12084           that, you know, with regard to Medicaid, the funding is  
12085           unsustainable, that basically we can't afford it.

12086           Well, first of all, with regard to the expanded Medicaid  
12087           and what is in the Affordable Care Act, that is paid for  
12088           completely, right? I am not talking about tradition, but  
12089           what was in Obamacare was completely paid for. We had to pay  
12090           for it. It cost us about a trillion dollars.

12091           And when you say that it is unsustainable or we can't  
12092           afford it, I don't buy that because we did pay for it. And  
12093           what you are doing with this bill is repealing the "paid-  
12094           fors" to the tune of \$600 billion, right? So, if you kept it  
12095           in place, it would be paid for. It even is decreasing the

12096 deficit overall.

12097 But, beyond that, look, the reason that we did the  
12098 expanded Medicaid, and the reason we have Medicaid, is  
12099 because we know that the people in those income brackets  
12100 can't afford to pay a premium. They don't have the ability  
12101 to do it. So, what are we going to do? Are we going to say,  
12102 okay, we won't have Medicaid or we will get rid of a lot of  
12103 them or cut down on their benefits to go to the emergency  
12104 room, whatever.

12105 I mean, the bottom line is we have figured out a way to  
12106 continue a program that helps people. It provides them with  
12107 good health care. They don't have to go to the emergency  
12108 room. They are able to go to the doctor. In the long run,  
12109 that saves a lot of costs, which, of course, is not even  
12110 calculated by the CBO or anybody, to be honest, but  
12111 prevention works. Prevention saves money in the long run.

12112 So, my only point is, what is your alternative? This is  
12113 strictly budget-driven. You are saying we can't afford it.  
12114 And so, therefore, we will give less money to the states, and  
12115 they will end up, maybe they will kick people off; maybe they  
12116 will reduce the benefits. They won't get behavioral health  
12117 benefits, whatever.

12118 There is nothing here that you are proposing that is

12119 actually going to increase or improve the health care for  
12120 this population that can't afford to pay for their health  
12121 insurance. And so, I just think to just talk about the  
12122 budget, to just talk about the money, when the federal  
12123 government is probably in the best position to do this -- we  
12124 recognized that when we passed the ACA -- and without any  
12125 suggestion, which I don't hear any, about how to better  
12126 accomplish this goal, you know, given that you want to insure  
12127 these people, given that you want to provide them with a good  
12128 benefit package. If you don't want to do that, I think the  
12129 consequences are even worse financially, but forget the  
12130 financial aspect. In terms of people's lives, it is the  
12131 worst scenario of all.

12132 And that is the thing that I don't understand here. The  
12133 GOP keeps talking about the ACA is bad; you know, the system  
12134 is unsustainable, on and on, but they don't talk about how  
12135 their bill is going to create a better way for these people  
12136 to get health care or to improve their lives. No, we don't  
12137 hear that.

12138 And it riles me to think that we keep going on and on  
12139 here about the money when I don't think there is any question  
12140 that the federal government is in the best position to do  
12141 this. And if we don't, I don't think anybody else is going

12142 to in an effective way.

12143 I yield back to the gentleman.

12144 The Chairman. The gentleman yields back the balance of  
12145 time.

12146 The Chair recognizes the gentleman from Kentucky, Mr.  
12147 Guthrie.

12148 Mr. Pallone. Well, he had some time.

12149 The Chairman. Oh, I'm sorry. I forgot you yielded to  
12150 him.

12151 I go back to Mr. McNerney.

12152 Thank you. I apologize.

12153 The gentleman is recognized.

12154 Mr. Doyle. I thank the gentleman.

12155 Mr. Chairman, you weren't here when I was talking a  
12156 little bit about -- you know, all the complaints that were  
12157 here in these letters you guys all read has nothing to do  
12158 with Medicaid expansion. It has to do with the individual  
12159 markets. That is where you are getting all the complaints.

12160 And I had posited that, if you take young healthy people  
12161 out of the individual markets because you don't have a  
12162 mandate anymore, it makes the risk riskier. And I said, I  
12163 wonder how an insurance company is going to react to that?

12164 Mr. Chairman, I just saw Blue Cross Blue Shield

12165 Association of Pennsylvania is pressing House Republicans to  
12166 scrap a provision in their Obamacare repeal bill that would  
12167 penalize people for dropping coverage, arguing that it could  
12168 keep younger healthier people out of the insurance market.

12169 The group which represents Regional Blue Health Plans  
12170 sent a memo this week urging the GOP to rethink the bill's  
12171 premium surcharge, which would temporarily hike premiums by  
12172 30 percent for people whose coverage lapsed. Republicans  
12173 said they thought this provision would encourage enrollees to  
12174 stay in the market rather than signing up only when they get  
12175 sick. But Blue Cross Blue Shield warns that the surcharge  
12176 would discourage healthier people from buying coverage.

12177 The organization also recommended and warned the  
12178 Republicans that the bill's tax credits tying it to age  
12179 rather than income could make it difficult for low-income or  
12180 older Americans to afford coverage.

12181 So, I just wanted to make that point. Sorry you weren't  
12182 here to hear my eloquent --

12183 The Chairman. I am, too, but I am going to get the DVD.

12184 Mr. Doyle. And I just want to say to Mr. Shimkus that,  
12185 after midnight, I get very mellow. So, I am not wound up  
12186 anymore, John.

12187 [Laughter.]

12188           The Chairman. I am going to get the DVD of your  
12189 remarks, I promise, honest. Someday I will watch it.

12190           [Laughter.]

12191           The gentleman's time has expired.

12192           We will go now to the gentleman from Kentucky, Mr.  
12193 Guthrie, 5 minutes.

12194           Mr. Guthrie. Thank you very much. Thank you, Mr.  
12195 Chairman.

12196           I strike the last word.

12197           I just want to talk about, it sounds like there is going  
12198 to be this bill has a cut in Medicaid. What this bill  
12199 actually does is try to deal with the growth of Medicaid that  
12200 what I would say is unsustainable, particularly with  
12201 traditional Medicaid. We spent \$587 billion total this year  
12202 in Medicaid. By 2026 -- we saw the chart that Mr. Shimkus  
12203 had -- we are going to spend over a trillion in Medicaid.

12204           So, what this planned to do is get this on a sustainable  
12205 budget. States will be awarded money based on their  
12206 historical spend. So, there are no cuts. We figure out what  
12207 their historical spend has been. The categories are age,  
12208 blind, disabled, children, and adults. And states will  
12209 receive money based on those categories, which will equal  
12210 what they receive, plus there is a growth for CPI and medical

12211 and, also, it is based on population So, when the baby  
12212 boomers -- and I am the end of the baby boomers -- as we move  
12213 through the system, if they add onto the Medicaid system, it  
12214 is allotted for in the money.

12215 What we are trying to deal with is the growth. And I  
12216 will tell you, we met with governors, and governors certainly  
12217 weren't standing in front of us saying, "Please cut our  
12218 Medicaid." But what they were saying was, if we can have a  
12219 sustainable program moving forward with growth for inflation  
12220 and growth population, and, hopefully, as the economy  
12221 improves, you would receive less if you had people going off  
12222 Medicaid, is what we want. And give us the flexibility to  
12223 manage.

12224 Our governor in Kentucky wanted to maintain actually the  
12225 expansion side of it, if he could get waivers, so he could  
12226 treat the expansion population different than traditional  
12227 Medicaid. He had trouble previously getting waivers. He  
12228 wanted to do sort of what Indiana did. He was asking people  
12229 in the expanded population to pay anywhere from \$1 to \$15 a  
12230 month and it was also to have a work requirement. Twenty  
12231 hours, you could volunteer; you could work; you could go to  
12232 school; you could do something to, hopefully, improve  
12233 yourself and move yourself off of Medicaid.

12234           But I just want to make sure that this bill doesn't cut  
12235           current allotments going to states for Medicaid. It deals  
12236           with what is an unsustainable growth rate, particularly in  
12237           traditional Medicaid, and I would argue, also, in the  
12238           expansion population. And it does it in a responsible way.

12239           It does it in a way that I think every -- there is a  
12240           letter I entered to the record in a previous meeting -- but  
12241           every sitting Senator that was in the U.S. Senate in the  
12242           1990s signed a letter encouraging President Clinton to go  
12243           towards the per-capita allotments, as he was trying to deal  
12244           with the growth in Medicaid. I think we actually spend three  
12245           times -- the Medicaid program is about three times as large,  
12246           larger now than it was under President Clinton, and he was  
12247           trying to deal with it at the time. It wasn't dealt with.  
12248           It hasn't been dealt with. It is time to deal with it.

12249           It is bankrupting states. It is adding to our budget  
12250           deficit. It is keeping us from an opportunity to do things  
12251           in the appropriated side of the budget.

12252           So, I think it is very responsible. It has been worked  
12253           through with governors. We met with governors from both  
12254           parties. And I think that this is a responsible way to go.  
12255           I just want to stress this bill does not cut Medicaid, the  
12256           traditional Medicaid. It deals with the freeze in the

12257 expanded Medicaid, but I think that is the route that we are  
12258 not taking it away, pulling the rug out from under anybody  
12259 who signed up for the expansion side on their traditional  
12260 FMAP. States can continue the expansion after 2020,  
12261 according to this bill, under their traditional FMAP instead  
12262 of the enhanced FMAP.

12263 So, I just want to make sure, this does not cut the  
12264 allotments that are going to states, but this deals with,  
12265 puts us on a sustainable path for growth, so we are not  
12266 spending over a trillion dollars combined in 2026 on the  
12267 Medicaid program.

12268 The Chairman. Will the gentleman yield on those points?

12269 Mr. Guthrie. I will yield.

12270 The Chairman. Because I think they are really important  
12271 points to make. Nobody is getting kicked off. If you are on  
12272 expanded Medicaid, you stay on until you get a better-paying  
12273 job and, therefore, don't qualify or have something else that  
12274 takes you off Medicaid.

12275 And the second point is we are going to get to the  
12276 point, working in conjunction with Secretary Price, where  
12277 states don't have to come begging to a bureaucrat in  
12278 Washington to get permission.

12279 Governor Herbert of Utah -- because I have met a lot of

12280 governors, talked to a lot of governors of both parties over  
12281 the last several months. And we actually invited them to  
12282 come and talk to us. We didn't have to wait for them to  
12283 invite us. We invited them because we value their input.  
12284 And Governor Herbert said he had to petition a bureaucrat in  
12285 Washington to get permission to use this brand-new  
12286 communications tool called email, to email with his Medicaid  
12287 participants who have email. He had backup snail mail. He  
12288 waited 9 months and, then, CMS denied his State's request to  
12289 be able to email with Medicaid recipients who had email by  
12290 email.

12291 I said, "What would that have saved your State?" He  
12292 said over \$6 million. Six million bucks.

12293 So, you all want to put your faith in the bureaucrats at  
12294 CMS that tell a governor in Utah you can't email -- because  
12295 that \$6 million could have gone into health care. Instead,  
12296 it goes into snail mail.

12297 I yield back.

12298 Mr. McNerney. Well, I don't have time, but I would have  
12299 yielded to my friend from California.

12300 The Chairman. The gentleman's time has expired.

12301 Other people seeking recognition? She has already  
12302 spoken. I will have to go down to the gentleman -- oh, wait

12303 a minute. I'm sorry. Ms. Clark is actually next.

12304 I recognize the gentlelady for 5 minutes.

12305 Ms. Clarke. Thank you, Mr. Chairman.

12306 I move to strike the last word, in support of the Castor  
12307 amendment.

12308 This amendment calls for the committee to consider the  
12309 promises made by Donald Trump and congressional Republicans  
12310 to the American people before advancing the misguided repeal  
12311 legislation. Throughout his campaign, the transition, and  
12312 his time in office, Donald Trump has made a number of bold  
12313 promises to the American people regarding his intent to  
12314 overhaul our healthcare system. And the Republicans have  
12315 supported his promises. In fact, they are in lockstep with  
12316 him.

12317 Paul Ryan, Speaker Paul Ryan, in particular, has made a  
12318 name for himself by railing against the Affordable Care Act  
12319 as a broken system and claiming that Republicans would  
12320 produce the panacea for whatever imagined ailments plagued  
12321 our nation's healthcare system.

12322 It is critical that we remind the committee of these  
12323 promises in order to ensure that Americans have a healthcare  
12324 system in place that does more than just appease the right  
12325 wing Republican desire to throw out any accomplishment of our

12326 former President, regardless of the positive impact on  
12327 America.

12328 During his campaign, Donald Trump insisted that  
12329 everyone, including the poorest and sickest Americans, will  
12330 have healthcare. Instead, this misguided legislation  
12331 Trumpcare eliminates the individual and employer mandate for  
12332 insurance, crucial components for ensuring all Americans  
12333 access to health care.

12334 Trumpcare will create what I like to call a working  
12335 man's penalty for those Americans unable to afford health  
12336 care for a short period of time by slapping them with a 30-  
12337 percent tax on their monthly premium once they can finally  
12338 afford coverage once again. Even without the benefit of a  
12339 CBO report or the adequate time to dive into the details of  
12340 this bill, it appears that Trumpcare will hurt our oldest,  
12341 poorest, and sickest citizens the most. But, in the interest  
12342 of fairness, Trumpcare will not be harmful to everyone.  
12343 Those earning more than \$500,000 a year will see your taxes  
12344 cut. So, while the oldest, poorest, and sickest Americans  
12345 suffer the consequences of this new legislation, Republicans  
12346 and their wealthy friends will celebrate dismantling the  
12347 system that truly guaranteed coverage for all Americans.

12348 So, I call on the Trump administration and Republican

12349 leaders in Congress to do the right thing. Keep their word  
12350 to the American people. Ensure a healthcare system that  
12351 works for those that need it the most and not just those who  
12352 have the most.

12353 So, while Speaker Ryan turns off the phones in his  
12354 office to avoid the deluge of constituent calls begging him  
12355 not to take away their health insurance, and White House  
12356 staffers feed the President a steady stream of press  
12357 clippings reaffirming his faulty word views, I urge my  
12358 colleagues on this committee to support this amendment and  
12359 hold these men and women accountable for their promises.

12360 And I will yield the balance of my time to Mr. Green or  
12361 --

12362 Mr. Green. I thank my colleague, and I will yield back  
12363 to you.

12364 Over the last few minutes, we have heard about people  
12365 getting a job. But, you know, I have always been told that  
12366 60 percent of Medicaid actually goes to senior citizens for  
12367 residential care. We are not going to get grandma or grandpa  
12368 out of the nursing home to go get a job.

12369 So, what they are doing is taking away the enhanced  
12370 Medicaid, but still 60 percent of the money goes there. So,  
12371 there is an amendment that we may get to on the per-capita

12372 section, but there are other things in this bill that are  
12373 wrong. Because what you are doing is you are forcing it down  
12374 to the states and going back to the percentages that they  
12375 have.

12376 And my colleague from Illinois was correct; different  
12377 states have different reimbursement rates. You know, Texas,  
12378 we are typically 66 percent fed and one-third state; whereas,  
12379 other states have different. But I didn't know Illinois was  
12380 50/50. If I were them, I would really be upset.

12381 So, this bill, if 60 percent of the money goes to  
12382 seniors, but I have always heard that 60 percent of the  
12383 people served are children. And again, we are not going to  
12384 take that child out of school and give them a job. So, I  
12385 don't know how we are going to save that money except forcing  
12386 this down onto the states.

12387 And I yield back. Thank you for yielding to me.

12388 Ms. Clarke. Mr. Chairman, I yield back.

12389 The Chairman. The gentlelady yields back.

12390 Are there other members seeking recognition on the  
12391 Republican side? Seeing none, are there members on the  
12392 Democratic side?

12393 The gentlelady from Colorado is recognized --

12394 Ms. DeGette. Mr. Chair, I yield to Ms. Castor.

12395           The Chairman.    -- for 5 minutes to speak on the  
12396 amendment.

12397           Ms. Castor.   Well, I thank Ms. DeGette for yielding the  
12398 time.

12399           The amendment debate here has morphed into a very  
12400 important discussion about Medicaid and the per-capita caps.  
12401 There were just a few statements made that I think can't be  
12402 left out there.

12403           As a reminder, remember, this Medicaid section on  
12404 turning from what has been a Medicaid guarantee for care for  
12405 a narrow group of folks, children, the disabled, neighbors in  
12406 skilled nursing, Alzheimer's patients, when you cap  
12407 something, I hear your argument that you are going to provide  
12408 more flexibility, but what this really is, it is a sweep of  
12409 funds and it is an elimination of that fundamental guarantee  
12410 that we have to our most vulnerable neighbors. The folks  
12411 that I mentioned at the outset of the hearing this morning do  
12412 not have the high-paid lobbyists here in Washington, D.C.

12413           Flexibility is already allowed in Medicaid. It is a  
12414 very flexible program. That is why most states, a lot of  
12415 states have waivers where they are able to waive rules. That  
12416 is why many states have been allowed to move to Medicaid  
12417 managed care to help control cost. That is very flexible.

12418 It is historically very efficient.

12419 And remember that Medicaid, when my friends were talking  
12420 about sustainable growth, the growth in Medicaid is lower  
12421 than Medicare or private health insurance. Really, what  
12422 these caps do is shift the cost, like Mr. Green said, to  
12423 states, counties, hospitals, and all of the rest of us with  
12424 insurance out there.

12425 It also highlights how radical this procedure is in what  
12426 we are doing. The most radical change to Medicare in  
12427 decades, and we didn't hear from experts; we didn't hear from  
12428 families. We didn't take the time to do that. You are doing  
12429 this without a CBO score. And then, you say, we are really  
12430 worried about the sustainability of Medicaid and the cost.  
12431 Well, I would take that argument so much more seriously if at  
12432 the same time the GOP were not providing huge tax breaks to  
12433 millionaires. What is going on over in the Ways and Means  
12434 Committee as they eliminate the revenue enhancements? And I  
12435 guess you feel like to continue to give those tax breaks, you  
12436 have to target our neighbors that get their health care  
12437 through Medicaid. And I think that is very poor policy. It  
12438 is very poor policy to have this very important debate in the  
12439 middle of the night rather than do it over a series of at  
12440 least weeks, where the public can see and hear and understand

12441 and weigh-in.

12442 So, boy, this has kind of reached a disappointing turn  
12443 in this, but I guess that is kind of where we started as  
12444 well.

12445 I yield back my time to Ms. DeGette.

12446 Ms. DeGette. I yield back.

12447 The Chairman. The gentlelady yields back the balance of  
12448 her time.

12449 Are there other members seeking recognition on the  
12450 Republican side? Was that a request? No. I was just making  
12451 sure. We are trying to go back and forth.

12452 The gentleman from California, Mr. Ruiz.

12453 Mr. Ruiz. Thank you.

12454 I support this amendment. Let's be very clear. This is  
12455 cuts to Medicaid. President Trump promised there would be no  
12456 cuts to Medicaid. This bill will cut Medicaid.

12457 So, once again, let me break this down. Okay? This  
12458 bill caps Medicaid payments to ration care for enrollees.  
12459 States will get a certain amount of money regardless of the  
12460 actual cost it takes to take care of patients. Medical  
12461 inflation is out of control. It is going really high. The  
12462 payments through block grants will not match the increased  
12463 medical inflation that is going up. So, there creates a cost

12464 gap. This cost gap burden is placed on the shoulders of  
12465 working middle-class families that struggle paycheck to  
12466 paycheck.

12467 How is that going to happen? States are going to get  
12468 this burden of cost, and they are going to say, well, let's  
12469 eliminate some of the eligibility criteria so that we can  
12470 reduce the amount of Medicaid patients that we are  
12471 responsible for. Two, they are going to say, let's reduce  
12472 what we decide to cover. Whether it is HIV medications,  
12473 whether it is cancer care, whether it is any other type of  
12474 expensive care, they are going to say, "We are no longer  
12475 going to cover that" in order to make their money last longer  
12476 under Medicaid. So, a lot of people aren't going to get very  
12477 important health care that they need.

12478 And then, finally, they are going to say, well, let's  
12479 cut our cost by decreasing our reimbursements to hospitals  
12480 and to providers. That means that it is going to be even  
12481 harder for a patient on Medicaid to get care at a hospital  
12482 that accepts patients on Medicaid or get care by a physician  
12483 who accepts patients on Medicaid.

12484 This would be profoundly damaging to districts in rural  
12485 America, especially in the central areas of America because  
12486 there is already a physician shortage crisis. In my district

12487 there is one physician per 9,000 residents. You add  
12488 Medicaid, but there is not enough physicians for them to see  
12489 patients on Medicaid. And then, after the year 2020, the  
12490 expansion eligibility will no longer be required, and those  
12491 that are on the expansion will be phased out.

12492 So, it is very simple. Although this bill, you may want  
12493 to wash your hands like Pontius Pilate and say, "I am not  
12494 responsible for making those tough decisions." But this bill  
12495 will force those states to make those tough decisions and cut  
12496 Medicaid for millions and millions of patients.

12497 And so, therefore, the uninsured rate will go up once  
12498 eligibility criteria will decrease. What does that mean?  
12499 That means we all are going to pay for uncompensated care.  
12500 How will we pay for uncompensated care? You are going to  
12501 have more uninsured sicker patients go to the emergency  
12502 department and, therefore, the capacity which is already  
12503 overcrowded, you will have to wait longer.

12504 The other way is hospitals and physicians and other  
12505 folks will increase the cost in order to make up for that  
12506 uncompensated care. Therefore, healthcare costs will go  
12507 higher. Premiums will go higher, et cetera, because, then,  
12508 hospitals will then turn around and charge the insurance  
12509 companies. So, overall, everybody has to pay for

12510 uncompensated care, which will increase healthcare costs for  
12511 everybody.

12512 President Trump promised there will be no cuts to  
12513 Medicaid. This bill will effectively cut Medicaid.

12514 And I give the rest of my time to Anna Eshoo.

12515 The Chairman. Who?

12516 Mr. Ruiz. I give the rest of my time for Doris Matsui  
12517 of California.

12518 Okay. I yield back my time.

12519 Mr. Shimkus. Will the gentleman yield just for a  
12520 minute? Will the gentleman yield? You have 1 minute left.

12521 But there is one other way that savings could occur, and  
12522 you are a doctor, so you know. Early invention, diagnosis  
12523 versus chronic operation; diabetes, obviously, identifying  
12524 that.

12525 So, if states have the flexibility to implement those  
12526 things --

12527 Mr. Ruiz. I reclaim my time.

12528 Mr. Shimkus. Okay.

12529 Mr. Ruiz. Because this bill cuts those preventive  
12530 services.

12531 Mr. Shimkus. No, no, no, we are freeing it -- no.

12532 Mr. Ruiz. And the other thing is that --

12533 Mr. Shimkus. I disagree.

12534 Mr. Ruiz. -- there is no guarantee that states will  
12535 need to cover those preventive services. In fact, we know  
12536 that the first thing on the chopping block is preventive  
12537 services.

12538 Mr. Shimkus. No, we don't. No, we don't.

12539 Mr. Ruiz. It is not being covered. I mean, they  
12540 weren't covered before the ACA. The Affordable Care Act  
12541 mandated preventive services to be covered. So, there is no  
12542 guarantee that the states will honor the preventive services.

12543 The Chairman. The gentleman's time has expired.

12544 I will now go to the gentleman from Texas, Mr. Olson.

12545 Mr. Olson. I thank the Chair and give my time to the  
12546 gentleman from Kentucky.

12547 Mr. Guthrie. Yes, my friend from California described,  
12548 if it was just a flat block grant and you said there is going  
12549 to be inflation, this grows with medical inflation. Matter  
12550 of fact, it is a CPI that is faster than medical inflation,  
12551 and it will be reflective of cost.

12552 So, it has a base year set in 2016 that the states would  
12553 have their base money that grows with inflation. So, the  
12554 idea that it is just a flat block grant that doesn't have  
12555 growth, and as people go onto the rolls, so as the baby

12556 boomers retire and more people go into Medicaid, it is  
12557 reflective of that as well.

12558 So, it just wasn't accurate to say this doesn't have any  
12559 --

12560 Mr. Ruiz. Does the gentleman yield?

12561 Mr. Guthrie. I will yield.

12562 Mr. Ruiz. So, CPI, basing the block grant payment  
12563 amount to states on CPI is not the same thing as basing it on  
12564 medical inflation.

12565 Mr. Guthrie. That is what we are basing it on. That is  
12566 what we are basing it on.

12567 Mr. Ruiz. Healthcare costs are way out of control.

12568 Mr. Guthrie. We are basing it on CPI medical inflation.  
12569 That is what we are basing it on.

12570 Mr. Ruiz. Well, the medical inflation is far greater  
12571 than what the Medicaid block grants, per capita, no matter  
12572 how you call it, it is a block grant because it is going to  
12573 be a specific limit.

12574 Mr. Guthrie. No, it is not. It grows. As I said, this  
12575 grows with medical CPI, medical inflation, not CPI.

12576 Mr. Cardenas. Will the gentleman yield?

12577 Mr. Guthrie. It is not my time. It is not my time.

12578 Mr. Olson. Yes, sir, I will yield.

12579 Mr. Cardenas. Thank you, sir.

12580 I appreciate Mr. Guthrie's explanation, but there is a  
12581 fundamental basis that is missing. And that is that one  
12582 person is assuming that the beginning amount is actually the  
12583 amount necessary for that particular state to provide those  
12584 services to the mass number of constituents that need those  
12585 services at that time.

12586 So, if you were starting out with 100 percent of the  
12587 coverage necessary for that community or that state, then,  
12588 therefore, that CPI growth, even though it is based on  
12589 medical CPI, would be sufficient. But that the assumption  
12590 that the amount that they are getting from the beginning is  
12591 sufficient I think is not accurate.

12592 Mr. Olson. I reclaim my time. I yield to my friend  
12593 from Kentucky for --

12594 Mr. Guthrie. You are right, you have got to have the  
12595 original allotment that is appropriate to each state. And it  
12596 is based on the historical average for the different  
12597 categories for each state.

12598 So, the objective is -- and you don't see it in the  
12599 bill, and we look at the bill and it is wrong -- but I  
12600 understand it to be that we have a base funding which is  
12601 historical average that states have. Like California has,

12602 from 2016 is the money that they would have. As their  
12603 populations grew within the categories, they would receive  
12604 more. As California's economy grows, they would receive less  
12605 as people went off. And I wasn't saying young people were  
12606 going to go to work. I was talking about the expanded  
12607 population. But this is more traditional Medicaid, and it  
12608 grows with medical CPI.

12609 And we really discussed this with a lot of governors.  
12610 There was a big move for flat block grants, and that is not  
12611 what this is. It kind of reflects what you just said.

12612 Mr. Cardenas. Will the gentleman yield?

12613 Mr. Olson. Yes, sir, I yield.

12614 Mr. Cardenas. Again, in your points you are accurate in  
12615 what you are explaining, but that is to assume that, for  
12616 example, the 2016 figure is, in fact, the adequate figure for  
12617 each state.

12618 Let me give you California, for example. California has  
12619 provided services by leaps and bounds. The percentage of  
12620 uninsured in California has gone down dramatically over the  
12621 last 5 years. In addition to that, the raw numbers have.

12622 But, at this point, if you took a snapshot of 2016 of  
12623 the State of California, we are still shy of the objective of  
12624 covering all those who need and deserve that coverage.

12625 Mr. Guthrie. Will the gentleman yield?

12626 The Chairman. Yes, well, I was just going to suggest  
12627 that the 2016 start rate, then, gets an inflation adjustment  
12628 each year.

12629 Mr. Guthrie. And adjusted for the per capita that comes  
12630 onto it for --

12631 The Chairman. Right. And then, we have the state  
12632 grants for patients and all, and there is other funding. And  
12633 by the way, we are turning off the DSH cuts, too. So, if you  
12634 are a non-expansion state, they go off right away. If you  
12635 are an expansion state, they go off when the expansion gets  
12636 frozen. So, we are going to achieve some savings there for  
12637 states. And states can step up and add to this pool anytime  
12638 they want.

12639 And so, it is tied to real dollars they are spending on  
12640 what they think their program should look like and adjusted  
12641 for medical inflation each year and --

12642 Mr. Guthrie. But you have got to start with the right  
12643 allotment --

12644 The Chairman. You are right.

12645 Mr. Guthrie. -- and then, grow with inflation and grow  
12646 with the population that comes in and out of your Medicaid.

12647 Mr. Cardenas. With the gentleman yield for a sincere

12648 compliment?

12649 Mr. Olson. Yes, sir, absolutely.

12650 Mr. Cardenas. A bipartisan sincere compliment: gosh  
12651 darn it, I wish we had this kind of discussion because I  
12652 think this is the kind of bipartisan cooperation that we  
12653 should see when we are writing bills and when we are working  
12654 on those bills for weeks and weeks at a time. And  
12655 unfortunately, our time is growing short by so many measures.  
12656 But, once again, thanks for the dialog.

12657 Mr. Guthrie. Thank you very much.

12658 Mr. Olson. My time is expired. I yield back.

12659 The Chairman. We will take that, and we are glad to  
12660 have your support on this part of the bill.

12661 [Laughter.]

12662 So, did I hear that? No, it isn't quite right? All  
12663 right. So close, so close.

12664 The Chair now recognizes my friend from California, the  
12665 gentlelady, Ms. Matsui, for 5 minutes to speak on the  
12666 amendment.

12667 Ms. Matsui. I move to strike the last word, and I --

12668 The Chairman. Is your microphone on? Will you make  
12669 sure it is close?

12670 Ms. Matsui. I move to strike the last word, and I yield

12671 to Ms. Eshoo.

12672 Ms. Eshoo. I thank my friend very much.

12673 Well, this has been a very interesting discussion. I  
12674 have hung onto every word that every member has spoken. This  
12675 is what I see based on what I heard.

12676 Medicaid was established in 1965, right, 1965? And so,  
12677 really what we are talking about are two Medicais. There  
12678 was the old Medicaid, the program that was initially put into  
12679 place for really the poorest people in the country, the very  
12680 poorest people, the people at the bottom of the economic  
12681 ladder. And we saw that they, too, have a spark of divinity  
12682 in them. And so, that program was developed so that they  
12683 would receive the care and the dignity that comes up with  
12684 care because we are a special country and we do things like  
12685 that.

12686 Now when the Affordable Care Act was put into place,  
12687 there was what I would call a new Medicaid. A new Medicaid,  
12688 it was an expansion, but it was done because Medicaid and its  
12689 infrastructure was already there administratively. And it  
12690 was used as the platform to launch a major part for a  
12691 national health plan.

12692 And so, what is very interesting for me to hear from my  
12693 colleagues on the other side is that that is not sustainable.

12694 And I think therein lies the difference between us. We not  
12695 only think it is sustainable, we believe that it needs to be  
12696 honored and kept in place.

12697 You see a different plan for it. Medicine is practiced  
12698 very differently today. We are not talking about 1965  
12699 anymore. And the reason that there are savings and the  
12700 reason we see sustainability and the undergirding of  
12701 something that we are exceedingly proud of -- because, for  
12702 almost 100 years, Republican and Democratic Presidents have  
12703 attempted in some way, shape, or form to shape a national  
12704 health plan. And so, when we passed the Affordable Care Act,  
12705 yes, deep, deep, deep sense of pride.

12706 Now, on the medical side, we understood that medicine  
12707 has moved. We don't just pay for people going to have their  
12708 appendix or their gallbladder out. We understand that there  
12709 is enormous savings in what is essentially personalized  
12710 medicine. We haven't completed that journey in terms of  
12711 personalized medicine, but we understand that if you invest  
12712 in and have part of the insurance plan for individuals, that  
12713 you have built in prevention; you save, and you save a lot of  
12714 money.

12715 And so, when it comes to the resources for this, you bet  
12716 that each one of my colleagues is a mama bear and a papa bear

12717 about every single one of their constituents and the health  
12718 care that we want to see retained for them. Your view is  
12719 different, and you are entitled to that view. And I respect  
12720 all of you, but I don't agree with you. I don't agree with  
12721 you.

12722 You see it as something to squeeze. You call it  
12723 flexibility. If you look in the dictionary, this is not  
12724 flexibility. Come on. You know that there is already  
12725 flexibility in the program. And you know what? How come  
12726 this thing changes after the election? Why didn't you do it  
12727 before the election? Why are you doing in 2020 or whenever?  
12728 I mean, what is this date that you have where these things,  
12729 you know, where there is like a hammer or something?

12730 But what I am the proudest of here is you can see the  
12731 difference in terms of what we believe in. And so, when  
12732 people ask, "Why are you a Democrat?", to do this, to do this  
12733 and to fight to protect it because it is worth it.

12734 The Chairman. The time --

12735 Ms. Eshoo. And I don't think squeezing Medicaid is  
12736 going to produce anything but heartache and sicker people in  
12737 our country.

12738 The Chairman. The gentlelady's time --

12739 Ms. Eshoo. I think it is wrong.

12740 And I yield back.

12741 The Chairman. -- has expired.

12742 Other members seeking recognition on the amendment?

12743 If not, the ranking member has asked for a roll call on  
12744 the amendment. Those for the amendment will vote aye; those,  
12745 nay. And just an alert to our members who may have gone back  
12746 to their offices, we are voting now. So, those who support  
12747 the amendment will vote aye; those who oppose the amendment -  
12748 - this is our second amendment -- will vote no. And the  
12749 clerk will call the roll.

12750 The Clerk. Mr. Barton?

12751 Mr. Barton. No.

12752 The Clerk. Mr. Barton votes no.

12753 Mr. Upton?

12754 Mr. Upton. No.

12755 The Clerk. Mr. Upton votes no.

12756 Mr. Shimkus?

12757 Mr. Shimkus. No.

12758 The Clerk. Mr. Shimkus votes no.

12759 Mr. Murphy?

12760 [No response.]

12761 The Clerk. Mr. Burgess?

12762 Mr. Burgess. No.

12763 The Clerk. Mr. Burgess votes no.  
12764 Mrs. Blackburn?  
12765 Mrs. Blackburn. No.  
12766 The Clerk. Mrs. Blackburn votes no.  
12767 Mr. Scalise?  
12768 [No response.]  
12769 The Clerk. Mr. Latta?  
12770 Mr. Latta. No.  
12771 The Clerk. Mr. Latta votes no.  
12772 Mrs. McMorris Rodgers?  
12773 Mrs. McMorris Rodgers. No.  
12774 The Clerk. Mrs. McMorris Rodgers votes no.  
12775 Mr. Harper?  
12776 Mr. Harper. No.  
12777 The Clerk. Mr. Harper votes no.  
12778 Mr. Lance?  
12779 Mr. Lance. No.  
12780 The Clerk. Mr. Lance votes no.  
12781 Mr. Guthrie?  
12782 Mr. Guthrie. No.  
12783 The Clerk. Mr. Guthrie votes no.  
12784 Mr. Olson?  
12785 Mr. Olson. No.

12786 The Clerk. Mr. Olson votes no.  
12787 Mr. McKinley?  
12788 Mr. McKinley. No.  
12789 The Clerk. Mr. McKinley votes no.  
12790 Mr. Kinzinger?  
12791 Mr. Kinzinger. No.  
12792 The Clerk. Mr. Kinzinger votes no.  
12793 Mr. Griffith?  
12794 Mr. Griffith. No.  
12795 The Clerk. Mr. Griffith votes no.  
12796 Mr. Bilirakis?  
12797 Mr. Bilirakis. No.  
12798 The Clerk. Mr. Bilirakis votes no.  
12799 Mr. Johnson?  
12800 Mr. Johnson. No.  
12801 The Clerk. Mr. Johnson votes no.  
12802 Mr. Long?  
12803 Mr. Long. No.  
12804 The Clerk. Mr. Long votes no.  
12805 Mr. Bucshon?  
12806 Mr. Bucshon. No.  
12807 The Clerk. Mr. Bucshon votes no.  
12808 Mr. Flores?

12809 Mr. Flores. No.

12810 The Clerk. Mr. Flores votes no.

12811 Mrs. Brooks?

12812 Mrs. Brooks. No.

12813 The Clerk. Mrs. Brooks votes no.

12814 Mr. Mullin?

12815 Mr. Mullin. No.

12816 The Clerk. Mr. Mullin votes no.

12817 Mr. Hudson?

12818 [No response.]

12819 The Clerk. Mr. Collins?

12820 Mr. Collins. No.

12821 The Clerk. Mr. Collins votes no.

12822 Mr. Cramer?

12823 Mr. Cramer. No.

12824 The Clerk. Mr. Cramer votes no.

12825 Mr. Walberg?

12826 Mr. Walberg. No.

12827 The Clerk. Mr. Walberg votes no.

12828 Mrs. Walters?

12829 Mrs. Walters. No.

12830 The Clerk. Mrs. Walters votes no.

12831 Mr. Costello?

12832 Mr. Costello. No.

12833 The Clerk. Mr. Costello votes no.

12834 Mr. Carter?

12835 Mr. Carter. No.

12836 The Clerk. Mr. Carter votes no.

12837 Mr. Pallone?

12838 Mr. Pallone. Aye.

12839 The Clerk. Mr. Pallone votes aye.

12840 Mr. Rush?

12841 [No response.]

12842 The Clerk. Ms. Eshoo?

12843 Ms. Eshoo. Aye.

12844 The Clerk. Ms. Eshoo votes aye.

12845 Mr. Engel?

12846 Mr. Engel. Aye.

12847 The Clerk. Mr. Engel votes aye.

12848 Mr. Green?

12849 Mr. Green. Aye.

12850 The Clerk. Mr. Green votes aye.

12851 Ms. DeGette?

12852 Ms. DeGette. Aye.

12853 The Clerk. Ms. DeGette votes aye.

12854 Mr. Doyle?

12855 Mr. Doyle. Yes.

12856 The Clerk. Mr. Doyle votes aye.

12857 Ms. Schakowsky?

12858 Ms. Schakowsky. Aye.

12859 The Clerk. Ms. Schakowsky votes aye.

12860 Mr. Butterfield?

12861 Mr. Butterfield. Aye.

12862 The Clerk. Mr. Butterfield votes ayes.

12863 Ms. Matsui?

12864 Ms. Matsui. Aye.

12865 The Clerk. Ms. Matsui votes aye.

12866 Ms. Castor?

12867 Ms. Castor. Aye.

12868 The Clerk. Ms. Castor votes aye.

12869 Mr. Sarbanes?

12870 Mr. Sarbanes. Aye.

12871 The Clerk. Mr. Sarbanes votes aye.

12872 Mr. McNerney?

12873 Mr. McNerney. Aye.

12874 The Clerk. Mr. McNerney votes aye.

12875 Mr. Welch?

12876 Mr. Welch. Aye.

12877 The Clerk. Mr. Welch votes aye.

12878 Mr. Lujan?

12879 Mr. Lujan. Aye.

12880 The Clerk. Mr. Lujan votes aye.

12881 Mr. Tonko?

12882 Mr. Tonko. Aye.

12883 The Clerk. Mr. Tonko votes aye.

12884 Ms. Clarke?

12885 Ms. Clarke. Aye.

12886 The Clerk. Ms. Clarke votes aye.

12887 Mr. Loeb sack?

12888 Mr. Loeb sack. Aye.

12889 The Clerk. Mr. Loeb sack votes aye.

12890 Mr. Schrader?

12891 Mr. Schrader. Aye.

12892 The Clerk. Mr. Schrader votes aye.

12893 Mr. Kennedy?

12894 Mr. Kennedy. Aye.

12895 The Clerk. Mr. Kennedy votes aye.

12896 Mr. Cardenas?

12897 Mr. Cardenas. Aye.

12898 The Clerk. Mr. Cardenas votes aye.

12899 Mr. Ruiz?

12900 Mr. Ruiz. Aye.

12901           The Clerk.   Mr. Ruiz votes aye.

12902           Mr. Peters?

12903           Mr. Peters.   Aye.

12904           The Clerk.   Mr. Peters votes aye.

12905           Ms. Dingell?

12906           Mrs. Dingell.   Aye.

12907           The Clerk.   Ms. Dingell votes aye.

12908           Chairman Walden?

12909           The Chairman.   Walden votes no.

12910           The Clerk.   And Walden votes no.

12911           The Chairman.   Are there other members wishing to be

12912           recorded?

12913           Mr. Murphy?

12914           Mr. Murphy.   No.

12915           The Clerk.   Mr. Murphy votes no.

12916           The Chairman.   Mr. Scalise?

12917           Mr. Scalise.   No.

12918           The Clerk.   Mr. Scalise votes no.

12919           The Chairman.   Are there any other?

12920           Mr. Hudson?

12921           The Clerk.   Mr. Hudson is not recorded.

12922           Mr. Hudson.   No.

12923           The Clerk.   Mr. Hudson votes no.

12924           The Chairman. Are there any other members not recorded  
12925 wishing to cast their votes? Are you checking on one or is  
12926 that -- okay.

12927           Then, the clerk will report the tally.

12928           The Clerk. Mr. Chairman, on that vote there were 23  
12929 ayes and 31 noes.

12930           The Chairman. The amendment, 31 ayes -- or 23 ayes, 31  
12931 noes, the amendment is not adopted.

12932           Are there other members with amendments? We will go to,  
12933 I guess, the Republican side, right? Yes, because we did  
12934 there.

12935           So, we will recognize the gentleman from New York, Mr.  
12936 Collins. For what purpose do you seek recognition?

12937           Mr. Collins. Mr. Chairman, I have an amendment at the  
12938 desk.

12939           The Chairman. The clerk will report the amendment.

12940           The Clerk. "An amendment to the amendment in the nature  
12941 of a substitute to the Committee Print offered by Mr.  
12942 Collins."

12943           The Chairman. The gentleman is recognized. The  
12944 amendment will be considered as read.

12945           [The amendment of Mr. Collins follows:]

12946

12947

\*\*\*\*\*COMMITTEE INSERT 19\*\*\*\*\*

12948           The Chairman. The gentleman is recognized for 5 minutes  
12949 to speak on his amendment.

12950           Mr. Collins. Thank you, Mr. Chairman.

12951           I have an amendment that would provide immediate relief  
12952 to counties in my home State of New York. As a method of  
12953 cost-sharing, some states force their counties to come up  
12954 with part of the state's share of Medicaid spending. New  
12955 York takes advantage of this policy more than any other state  
12956 by far.

12957           When I was county executive of Erie County, the largest  
12958 county in upstate New York, over 100 percent of the property  
12959 taxes in the county collected went toward Medicaid costs.  
12960 That meant that I, as county executive, needed to fund  
12961 everything else, roads, bridges, parks, the entire county  
12962 government, everything else with sales tax.

12963           New York State makes the policy decisions on Medicaid.  
12964 So, it is only a fair that New York State bear the cost of  
12965 the program. Allowing states to simply pass the cost down to  
12966 lower levels of government is irresponsible. It allows state  
12967 officials to avoid accountability and encourage states to  
12968 spend more.

12969           As many of you know, I am data guy, and in my office  
12970 there is a sign that says, "In God we trust; all others bring

12971 data." So, let me give you some numbers on this.

12972 In 2016, Erie County, New York, was forced to send \$204  
12973 million to New York State related to Medicaid cost-sharing  
12974 imposed by New York State and an additional \$26 million in  
12975 DSH payments. That means that Erie County spent 100 percent  
12976 of its property tax levy on the State's share of Medicaid  
12977 cost and DSH payments. It is not only unsustainable, it is  
12978 bad policy.

12979 This reconciliation bill offers states substantial  
12980 flexibility in Medicaid, but with that flexibility comes  
12981 responsibility. The states must be accountable for their  
12982 spending and financing of their Medicaid programs.

12983 To address this problem, my amendment would bar federal  
12984 reimbursement for Medicaid funds acquired through local cost-  
12985 sharing. This amendment would potentially affect how 18  
12986 states currently finance Medicaid, but there are only three  
12987 states that have an exposure over \$300 million: New York at  
12988 \$2 billion, California at \$1 billion, and North Carolina at  
12989 \$500 million. The other 15 states are de minimis with cost-  
12990 sharing such as South Carolina with \$15 million statewide  
12991 passed down to their counties.

12992 If my amendment is accepted and signed into law, the \$2  
12993 billion that New York State receives in Medicaid cost-sharing

12994 from 57 counties, which represents just 1.3 percent of New  
12995 York's total \$153 billion budget, would either be returned to  
12996 the counties or be unmatched at the federal level, resulting  
12997 in federal savings.

12998 Simply put, this amendment stands for good government  
12999 and fiscal responsibility. But, Mr. Chairman, at this time I  
13000 am withdrawing the amendment and will work with leadership to  
13001 get a CBO score and to get this amendment included in the  
13002 final bill.

13003 I yield back.

13004 The Chairman. The gentleman withdraws his amendment and  
13005 yields back the balance of his time. I thank the gentleman.

13006 [Applause.]

13007 Now the committee will come to order.

13008 Mr. Collins. That is about what I would have had.

13009 [Laughter.]

13010 The Chairman. That is right.

13011 Now for what purpose does the gentlelady from Colorado  
13012 seek recognition?

13013 Ms. DeGette. Mr. Chairman, I have an amendment at the  
13014 desk, Amendment 65.

13015 The Chairman. Amendment 65.

13016 Ms. DeGette. That is not to stipulate we are skipping

13017 numbers.

13018 The Chairman. I never thought you were skipping  
13019 anything between that and 3,000.

13020 [Laughter.]

13021 To the extent we -- could you assist us with the -- they  
13022 are just trying to make sure they have the right amendment.

13023 Ms. DeGette. It is --

13024 The Chairman. What does it start with or does the clerk  
13025 have the amendment?

13026 Ms. DeGette. It says, "Strike Section 103 relating to  
13027 federal payments to states." I just read you the entire  
13028 amendment.

13029 The Chairman. Okay. Thank you.

13030 Do you have the right amendment?

13031 All right, the clerk will report the amendment.

13032 Ms. DeGette. Yes, we can dispense with the reading now.

13033 The Clerk. "Amendment to the amendment in the nature of  
13034 a substitute to the Committee Print offered by Ms. DeGette."

13035 The Chairman. The amendment will be considered as read.

13036 [The amendment of Ms. DeGette follows:]

13037

13038 \*\*\*\*\*INSERT 20\*\*\*\*\*

13039 Ms. DeGette. I already read it.

13040 The Chairman. I appreciate that. We could cut costs  
13041 here. We will put you down there.

13042 And the gentlelady is recognized for 5 minutes to speak  
13043 on her amendment.

13044 Ms. DeGette. Thank you. Thank you very much, Mr.  
13045 Chairman.

13046 Mr. Chairman, it seems like, since we are doing a  
13047 healthcare bill, my colleagues on your side of the aisle  
13048 simply just can't pass up another opportunity to target  
13049 women's reproductive health care.

13050 The repeal bill before us today -- Mr. Chairman, can we  
13051 get order? There is so much talking, I can't hear. Thank  
13052 you.

13053 The repeal bill before us today will already have  
13054 devastating consequences in terms of women's access to care,  
13055 but, then, the bill adds insult to injury by arbitrarily  
13056 including provisions that would block access to Planned  
13057 Parenthood services. Eliminating federal funding to Planned  
13058 Parenthood would restrict access to health services like  
13059 contraception, cancer screening, and STI tests and treatment.

13060 In 2015, Planned Parenthood saw 2.5 million patients and  
13061 provided more than 4 million STI tests and treatment, more

13062 than 360,000 breast exams, more than 270,000 pap smears, and  
13063 birth control for 2.1 million people.

13064 In many areas, as we all know quite well by now, Planned  
13065 Parenthood centers are the only safety-net provider available  
13066 to men and women who would otherwise have no reasonably way  
13067 of getting affordable care. People in areas with a shortage  
13068 of providers would be most likely to experience barriers. In  
13069 21 percent of counties with a Planned Parenthood center, that  
13070 center is the only safety-net provider in the area. They  
13071 don't have community health centers.

13072 Now my colleagues across the aisle say that community  
13073 health centers can fill the gaps in access. We heard that in  
13074 the bill that we had on the Floor a week or so ago. But  
13075 those claims have been debunked repeatedly, including by the  
13076 community health centers themselves.

13077 There should be no debate about whether defunding  
13078 Planned Parenthood would reduce access to care. The CBO,  
13079 which either you love or hate, depending on the amendment I  
13080 guess, has already weighed-in on this issue multiple times,  
13081 including near identical language to what we find of the bill  
13082 today. CBO agrees that community health centers simply  
13083 cannot pick up the slack. They explain that any savings  
13084 derived from blocking access to Planned Parenthood come from

13085 people foregoing services they would otherwise have received  
13086 at a Planned Parenthood facility.

13087 I have an important question of counsel now, Mr.  
13088 Chairman. And that is this: Section 3 clearly intends to  
13089 block people with Medicaid coverage from accessing basic care  
13090 at Planned Parenthood health centers, but the language of the  
13091 provision doesn't reference Planned Parenthood by name. The  
13092 majority summary of the bill says that the section imposes a,  
13093 quote, "1-year freeze on mandatory funding to a class of  
13094 providers designated as prohibited entities." Can you please  
13095 tell me what providers other than Planned Parenthood are  
13096 blocked from funding under this provision?

13097 Counsel. CBO identified multiple entities in their last  
13098 analysis.

13099 Ms. DeGette. And what are the names of those entities?

13100 Counsel. They didn't identify them by name.

13101 Ms. DeGette. They said there were multiple other than  
13102 Planned Parenthood?

13103 Counsel. They didn't identify the other entities by  
13104 name.

13105 Ms. DeGette. So, if I asked CBO, they would be able to  
13106 give us the names of those other entities?

13107 Counsel. I believe so.

13108 Ms. DeGette. Now please describe what the summary means  
13109 when it refers to a, quote, "class of providers". Who are we  
13110 talking about?

13111 Counsel. The providers designated as a not-for-profit  
13112 by the IRS. The provider is an essential community provider  
13113 primarily engaged in family planning services and  
13114 reproductive health. The entity is an abortion provider that  
13115 provides abortions in cases that do not meet the Hyde  
13116 amendment exception for federal payment, and the entity has  
13117 received more than \$350 million in Medicaid expenditures,  
13118 both federal and state, in FY2014.

13119 Ms. DeGette. Those are the providers you are talking  
13120 about?

13121 Counsel. That is correct.

13122 Ms. DeGette. Now is there some reason why the language  
13123 is drafted in this way, since Planned Parenthood I believe is  
13124 the only provider that meets those criteria?

13125 Counsel. I can't speak to the reason why it was drafted  
13126 --

13127 Ms. DeGette. Who drafted it that way?

13128 Counsel. This language was the language retained from  
13129 the 2015 bill.

13130 Ms. DeGette. Thank you.

13131 I yield back.

13132 Mrs. Blackburn. [presiding.] The gentlelady yields  
13133 back.

13134 Any members seeking time on the Republican side?

13135 Mr. Olson, you are recognized for 5 minutes.

13136 Mr. Olson. I thank the Chair.

13137 As mentioned about 6 hours earlier, Obamacare promised  
13138 better care, lower cost, doctor of your choice. The bill we  
13139 have here makes sure that federal funds aren't used to  
13140 perform abortions or community providers that do that that  
13141 are engaged in family planning services and reproductive  
13142 health.

13143 My colleague from Colorado said this is the only safety  
13144 net in their parts of the country. In my home State of Texas  
13145 that is not true at all. The entity talked about here has 33  
13146 sites within Texas. As I mentioned, in Addison, Texas;  
13147 Arlington, Texas; three at Austin, Texas; Bedford, Texas;  
13148 Brownsville; Cedar Hill; Dallas has two; Denton; Dickinson;  
13149 Fort Worth has two; Harlingen; Houston with six; Lewisville;  
13150 Mesquite; Paris, Texas; Plano, Texas; San Antonio with five;  
13151 Spring, Texas; Stafford, Texas, my district; Tyler, Texas,  
13152 and Waco, Texas.

13153 There are 73 Federally Qualified Healthcare Centers all

13154 around my State and 300 sites that tie into that network.  
13155 And in my home State there is nothing west of the Austin area  
13156 towards El Paso, Lubbock, Amarillo, nothing.

13157 Fort Hancock, it is right there on the border by El  
13158 Paso, right on the border. They have an FQHC right there.  
13159 The closest facility to compete with that is in San Antonio,  
13160 Texas. That is 497 miles away from Fort Hancock. That means  
13161 that is a 6-hour and 40-minute drive at the speed limit.

13162 If you want to control cost, give better care. People  
13163 going there have to drive out there, pay for the gasoline, a  
13164 hotel room, all those costs. How about do that right there  
13165 in Fort Hancock, Texas?

13166 And that is all this bill tries to -- it is just a  
13167 moratorium for 1-year; 1 year stop this funding, make sure  
13168 that Hyde amendment is not breached. We all know the Hyde  
13169 amendment. No federal funds for abortions for rape, incest,  
13170 or life of the mother. That is all this amendment says.  
13171 Those clinics that practice that don't get federal dollars.

13172 To make sure that, again, we want health care for women.  
13173 I take all these spots of protections, as proposed there are  
13174 33 spots. There is nothing west of San Antonio. That is  
13175 wrong. People out there, women, should get the care they  
13176 need, and they can do it through that Medicaid. Like in Fort

13177 Hancock, Big Wells, Big Spring, La Mesa, Alpine, all those  
13178 west of San Antonio. This bill makes sure those women get  
13179 the health care they need, pure and simple.

13180 I yield back.

13181 Mrs. Blackburn. The gentleman is yielding his time.

13182 Anyone seeking time?

13183 I will yield myself the rest of the gentleman's time.

13184 I think it is so important that we look at what this  
13185 amendment would allow for us to accomplish. Having a 1-year  
13186 moratorium is a very modest provision. I think, just as the  
13187 gentleman from Texas was talking about, the community health  
13188 centers and the Federally Qualified Health Centers, there are  
13189 1,375 Federally Qualified Health Centers, according to the  
13190 Health Resources and Services Administration. And those  
13191 centers have a total of 10,554 delivery sites and they serve  
13192 more than 24 million patients each year.

13193 This bill doesn't do anything to change the availability  
13194 of funds for women's health. What it does is put parameters  
13195 on how those funds can be used. And when you talk about  
13196 delivering women's health, this is an important thing to do,  
13197 get them to where they are going to meet the need.

13198 I think the other thing we all realize, you have the  
13199 poll that Morris did back in January. Seventy-four percent

13200 of all Americans, 74 percent of all Americans, including 54  
13201 percent of those who self-identified as pro-choice, are in  
13202 favor of significant restrictions on abortion. In addition,  
13203 the poll found that Americans oppose using tax dollars to  
13204 fund abortions, both abroad, 83 percent, and in the U.S. by  
13205 61 percent.

13206 So, reallocating taxpayer funds away from large abortion  
13207 providers is support; that is a great way to support  
13208 comprehensive health services and invest in women's health.

13209 So, with that, I yield back my time.

13210 The gentleman from New Jersey -- oh, Ms. Schakowsky, you  
13211 are recognized for 5 minutes.

13212 Ms. Schakowsky. Thank you.

13213 Let me begin with a question of counsel. You said that  
13214 the language -- who drafted the language from 2015?

13215 Counsel. Ms. Schakowsky, I don't know the answer to  
13216 that.

13217 Ms. Schakowsky. I would like to ask the other counsel.

13218 Counsel. I don't know the answer, either.

13219 Ms. Schakowsky. Okay. Let me just say that I am very  
13220 proud to offer this amendment with my colleague,  
13221 Congresswoman DeGette.

13222 And let's not pretend that this war on Planned

13223 Parenthood is anything other than a direct attack on women's  
13224 health. You know, we heard from the gentleman from Texas  
13225 saying that FQHCs, there are so many of them, and the  
13226 gentlewoman from Tennessee, all these community health  
13227 centers. Ask them what they think about shutting down  
13228 Planned Parenthood clinics, and over and over again they have  
13229 said they cannot make up the difference. One out of five  
13230 American women has made -- and men, by the way, as well --  
13231 has made use of Planned Parenthood clinics, almost all of  
13232 whom do not perform abortions whatsoever, and all of whom  
13233 provide preventive services like breast cancer screenings,  
13234 STDs, HIV/AIDS screening.

13235 And yet, Republicans continue this politically-motivated  
13236 attack to spread alternative facts. Here are the real facts:  
13237 54 percent of Planned Parenthood health centers are in health  
13238 professional shortage areas, rural, or medically-underserved  
13239 areas. How would you explain to a patient who depends on one  
13240 of these centers in rural Illinois that you are cutting  
13241 federal funds and, as a result, they will now have to travel  
13242 hours for a mammogram?

13243 Fact: 75 percent of patients at Planned Parenthood have  
13244 incomes at or below 150 percent of the federal poverty level.  
13245 This attack on Planned Parenthood will hurt low-income

13246 families and communities of color the most, communities that  
13247 already face dangerous health disparities.

13248 Fact: after Scott County, Indiana forced their local  
13249 Planned Parenthood to close, the community had nowhere to  
13250 turn for HIV testing and education. The result, an  
13251 unprecedented HIV outbreak which then-Governor Mike Pence  
13252 deemed an epidemic.

13253 How many times do we need to tell these facts to  
13254 Republicans before they realize the damage and harm they will  
13255 create if they defund Planned Parenthood? Let me remind you  
13256 that Planned Parenthood does not use federal funding to  
13257 provide abortions. Defunding Planned Parenthood is simply  
13258 cutting off federal funding for cancer screening, family  
13259 planning services, and STD testing and treatment, among many  
13260 other invaluable services that they provide. People depend  
13261 on these services.

13262 In fact, the American Medical Association cited  
13263 defunding Planned Parenthood in its letter opposing the  
13264 Republican repeal bill. Quote: "The AMA cannot support  
13265 provisions that prevent Americans from choosing to receive  
13266 care from physicians and other qualified providers, in this  
13267 specific case those associated with Planned Parenthood  
13268 affiliates, for otherwise covered services." End quote.

13269 Mr. Chairman, I would like to submit the full letter  
13270 from the American Medical Association for the record -- or,  
13271 Madam Chairman.

13272 Mrs. Blackburn. So ordered.

13273 [The information follows:]

13274

13275 \*\*\*\*\*COMMITTEE INSERT 21\*\*\*\*\*

13276 Mr. Olson. Will the gentlelady yield for a question,  
13277 please, ma'am?

13278 Ms. Schakowsky. No, I am not finished yet.  
13279 I am asking for unanimous consent -- did you say?

13280 Mrs. Blackburn. Yes.

13281 Mr. Olson. Oh, I am sorry.

13282 Ms. Schakowsky. The bottom line is that defunding  
13283 Planned Parenthood will limit the provider choices that  
13284 Medicaid recipients have, which is frightening reality for  
13285 those with already limited options. Republicans are  
13286 basically telling Medicaid recipients, 60 percent of Planned  
13287 Parenthood's 2.5 million patients, that they don't have a say  
13288 or a choice in their healthcare providers.

13289 The vast majority of Americans defunding Planned  
13290 Parenthood. It is time to listen to the American people, and  
13291 the women of this country are watching.

13292 If you want the 14 seconds, 12 seconds, you can have it.

13293 Mr. Olson. Thank you, ma'am.

13294 Real quickly, under this legislation, Planned Parenthood  
13295 can do whatever they want with private money, private money.  
13296 No federal dollars for 1 year. That is all this legislation  
13297 does.

13298 I yield back.

13299 Mrs. Blackburn. Are you yielding back to --

13300 Ms. Schakowsky. I yield back.

13301 Mrs. Blackburn. Okay. The gentleman yields back to the

13302 lady. The lady yields back.

13303 Dr. Bucshon, you are recognized, 5 minutes.

13304 Mr. Bucshon. Yes, I will be brief, Madam Chairwoman.

13305 I want to ask Ms. Schakowsky a question because she

13306 mentioned traveling for mammograms, and I think I want to

13307 correct the record that Planned Parenthood doesn't provide

13308 mammograms. Is that correct?

13309 Well, I will answer the question.

13310 Ms. Schakowsky. They do provide cancer screenings for

13311 breast cancer.

13312 Mr. Bucshon. Right, they provide breast exams, but you

13313 said that women would have to travel hours for mammograms,

13314 and that is factually incorrect. I just wanted to correct

13315 the record.

13316 Madam Chairwoman, I yield back.

13317 Mrs. Blackburn. The gentleman yields back.

13318 Anyone on the Republican side seeking that time? I do

13319 not -- Mr. Pallone, you are recognized.

13320 Mr. Pallone. Thank you, Madam Chairwoman.

13321 I strongly support this amendment offered by Ms. DeGette

13322 and Ms. Schakowsky. Although some of my Republican  
13323 colleagues are intent on defunding Planned Parenthood, I want  
13324 to talk about what that actually means because I think the  
13325 hallmark of what we have, hopefully, been doing today is to  
13326 talk about, with the various stories, you know, what things  
13327 mean to real people around here with this legislation.

13328 Section 103 of this bill would deny Medicaid  
13329 reimbursements as well as other federal dollars to Planned-  
13330 Parenthood-affiliated health centers which provide lifesaving  
13331 care to women every day. These funds do not go to abortion,  
13332 but, instead, are reimbursements for essential services like  
13333 breast cancer and cervical cancer screenings, sexually-  
13334 transmitted infection screenings, and birth control. And  
13335 these services detect cancer, stop the spread of STIs, and  
13336 prevent unintended pregnancies. Those should be bipartisan  
13337 public health goals.

13338 But, instead, Republicans continue to wage their  
13339 ideological attacks against Planned Parenthood at the expense  
13340 of women and their health care. Denying patients access to  
13341 care at Planned-Parenthood-affiliated health centers would be  
13342 devastating. CBO has previously projected that 390,000 women  
13343 would lose care if Republicans block Medicaid reimbursements  
13344 to these health centers and 650,000 women could face reduced

13345 access.

13346 And this hurts patients. It really hurts real people.  
13347 We know this because we have already seen the implications of  
13348 cutting off funding to reproductive healthcare providers at  
13349 the state level. STI rates will increase, the unintended  
13350 pregnancy rate will increase, and women will struggle to find  
13351 places in which to obtain care.

13352 Now my Republican colleagues like to claim that this  
13353 funding can be redirected to other providers and community  
13354 health centers, but this is simply not the case. Community  
13355 health centers are essential safety-net providers in this  
13356 country who serve a critically important role in providing  
13357 access to patients every day, but they can't handle what  
13358 would happen when these Planned Parenthood clinics close.

13359 And I can just tell you that firsthand. I recently  
13360 visited the Planned Parenthood clinic in Perth Amboy in my  
13361 district, and they get an incredible amount of traffic.  
13362 Sure, there are other community health centers in my district  
13363 federally qualified. But, when I talk to them, they say they  
13364 can't do this; they can't handle the additional traffic.  
13365 They have so many people already. They are overcrowded.

13366 So, it is partially the fact that they don't have the  
13367 ability because they already have so many people. It is also

13368 because it is a type of specialty care which is best handled  
13369 by Planned Parenthood. It is also the location of these  
13370 facilities. In a place like Perth Amboy, most of the traffic  
13371 at the Planned Parenthood clinic is actually foot traffic,  
13372 people who walk there. So, there is a transportation  
13373 problem, too, if you have to go to another location, even if  
13374 it exists.

13375 I don't have the rural problem where there isn't a  
13376 Federally Qualified Health Center, but to get to it is hard  
13377 because there is a lack of public transportation, and many of  
13378 the people who use these clinics with the Medicaid  
13379 reimbursement are low-income people. They don't have cars.  
13380 They don't have the ability to get there.

13381 I just really want to stress I just wish we would look  
13382 at the practicality things. You know, the Republicans are  
13383 being ideological here. The fact of the matter, this is  
13384 preventative care, and this preventative care, like all  
13385 preventative care, saves money.

13386 Also, a lot of times, you know, when you talk about  
13387 prevention, let's use STI, for example. People, if they are  
13388 not detected, they are going to get sicker. If they don't  
13389 have -- where are they going to go? Are they going to go to  
13390 the emergency room when they get sicker? It is going to cost

13391 more money.

13392 I just think that, practically speaking, the Republicans  
13393 are not thinking about what this really means. And it is sad  
13394 because I really don't want to hear these ideological  
13395 arguments, you know, whether or not just because somehow the  
13396 larger organization or some places perform abortions doesn't  
13397 mean that you should limit health care at these clinics that  
13398 is not abortion-related.

13399 We should be working to expand access to safety net for  
13400 women. We should not be restricting access based on  
13401 ideological reasons, separate from the ability to provide  
13402 essential care.

13403 And I think patients in this country should be able to  
13404 access care from the providers of their choice. We have  
13405 always held that principle, that you could go to the provider  
13406 of your choice. To limit the provider for some ideological  
13407 reason I think is just wrong, and it also sets us down a path  
13408 that I think could be devastating in so many other ways.

13409 So, I strongly support this amendment and I ask my  
13410 colleagues to support it as well.

13411 And I yield back.

13412 Mrs. Blackburn. The gentleman yields back.

13413 Anyone from the majority seeking time?

13414 And Ms. Eshoo for 5 minutes.

13415 Ms. Eshoo. Thank you. Thank you, Madam Chairwoman.

13416 In listening to this, I find this sad. In my very  
13417 distinguished congressional district, the leaders of Planned  
13418 Parenthood were the top Republicans in the region. The David  
13419 Packards, the Hewletts, God bless them, they were really  
13420 amongst the most respected, highly-regarded people in our  
13421 community, all Republicans.

13422 And it is very sad to me to see where your party has  
13423 gone. It is very sad to see where your party has gone. We  
13424 have just had this discussion, the previous amendment or the  
13425 amendment before that, on prevention. And we know how  
13426 important it is. Scientists have told us that. That is what  
13427 these centers do.

13428 There is not any federal money, there is not a dime.  
13429 For decades we have honored the Hyde amendment. So, why is  
13430 this organization, the women that access the health care that  
13431 they need, why are they being punished? Why are you  
13432 punishing them? It is a very sad place that you have gone  
13433 to.

13434 I would say that you have gone way beyond the other  
13435 issue of abortion. And that is that there is a real  
13436 restrictive streak about family planning now, too. And I

13437 don't think it serves the people of our country well.

13438 I know that there are legitimately closely-held emotions  
13439 on these issues, but, my God, don't get all of these other  
13440 things tangled up in it. This is about health care. It is  
13441 about prevention. It is women. Why are you picking on these  
13442 women? Why? What do you hold against them? It is care for  
13443 them.

13444 We have a responsibility to provide that for people in  
13445 our country. Look at all the members of this committee that  
13446 raise rural issues all the time. The rural areas of our  
13447 country, it is even tougher. It is even tougher for so many  
13448 things.

13449 So, I just wanted to share with you really these most  
13450 distinguished leaders in our community. The Republicans were  
13451 always the heads, the honorary heads of Planned Parenthood.  
13452 Many of them still are.

13453 You have got a real split going on in your party when  
13454 you use this organization in an ideological way and just  
13455 wedge yourselves there. It is your prerogative to do, but I  
13456 don't think it serves anyone well. I don't think it serves  
13457 your party well. It certainly doesn't -- you know, when  
13458 people go to clinics for health care, especially for  
13459 preventive checkups, they don't check in and say, "I'm a

13460 Republican," "I'm an Independent," "I'm a Democrat." That is  
13461 not the way they -- when you walk into a health setting.

13462 So, I just feel very strongly about placing this on the  
13463 record because, while you may think you are currying favor  
13464 with some people, you are pushing a lot of really very  
13465 sensible Republicans away from you by what the ranking member  
13466 called an ideological position that I don't think it fits in  
13467 that area at all.

13468 But thanks for listening to me, and I yield back.

13469 Mrs. Blackburn. The gentlelady yields back.

13470 No one on the majority is seeking time.

13471 Ms. Matsui, 5 minutes.

13472 Ms. Matsui. Thank you. Thank you, Madam Chairman.

13473 First of all, I have a question for counsel. What is  
13474 the purpose of the \$350 million threshold in this provision?

13475 Counsel. It is to define a class of providers.

13476 Ms. Matsui. Define a class of providers?

13477 Counsel. It is one of the conditions of the prohibited  
13478 entities.

13479 Ms. Matsui. So, it could be directed towards Planned  
13480 Parenthood.

13481 Counsel. It could. It could be for other entities as  
13482 well.

13483 Ms. Matsui. What other entities?

13484 Counsel. According to the CBO, they said that there  
13485 could have been other entities. They did not identify those.

13486 Ms. Matsui. But it could be Planned Parenthood  
13487 directly. Okay.

13488 Oh, yes, I am deeply upset that this bill contains yet  
13489 another attempt by Republicans to take away women's  
13490 healthcare choices and defund Planned Parenthood. Women  
13491 should be able to make their own choices about their own  
13492 bodies. Every woman in this country deserves access to care,  
13493 not just a privileged few.

13494 But we know it is the most vulnerable in our communities  
13495 that often face the highest hurdles in receiving care.  
13496 Defunding Planned Parenthood would be devastating for all  
13497 women, but would disproportionately impact low-income  
13498 families, women of color, immigrants, and young people.

13499 Many of my Republican colleagues like to throw around  
13500 rhetoric about keeping the government out of people's health  
13501 care, but they have no problem with the government  
13502 interfering with a woman's right to make choices over her own  
13503 body. These are the most personal choices that any woman  
13504 ever makes. By reducing women's access to reproductive  
13505 health care, Republicans are putting women's lives on the

13506 line.

13507 This bill goes far beyond Planned Parenthood and the  
13508 essential care they provide. It limits choices, even for  
13509 women who have private health insurance. Simply put, this is  
13510 an all-out attack on women's health care.

13511 It is misleading for Republicans to use abortions,  
13512 because we all know that they are not federally-funded, as a  
13513 way to defund Planned Parenthood. Ninety-seven percent of  
13514 the services Planned Parenthood provides are for preventive  
13515 health care, as my constituent Evanne pointed out in a letter  
13516 to me. She writes, "Removing all funding decreases access to  
13517 essential preventative health screenings," which is exactly  
13518 right.

13519 As I said, 97 percent of the work that Planned  
13520 Parenthood does consists of screening for breast cancer and  
13521 cervical cancer, preventing and treating sexually-transmitted  
13522 diseases, and providing family planning services. This bill  
13523 would reduce access to health care that women need, rip away  
13524 funding from important Medicaid providers, simply to score  
13525 political points.

13526 Providing access to contraception and family planning,  
13527 which directly reduces the number of abortions each year, are  
13528 exactly what Planned Parenthood and other women's clinics

13529 have been doing successfully across the country for decades.

13530 I urge my colleagues to vote in favor of this amendment  
13531 to protect women's health.

13532 Thank you, and I yield back.

13533 Mrs. Blackburn. The gentlelady yields back.

13534 Still no one on the majority side.

13535 Mr. Sarbanes for five minutes.

13536 Mr. Sarbanes. Thank you, Madam Chair.

13537 I support the amendment. I know this is a sensitive  
13538 topic and I respect people's views on both sides of the issue  
13539 of abortion. But, as has been said, you know, the Hyde  
13540 amendment is in force with respect to limiting federal funds  
13541 through Medicaid or otherwise to support abortions. This is  
13542 about Medicaid funding that can support all of the other  
13543 incredibly important services that are provided by Planned  
13544 Parenthood, and let's not pretend that this provision wasn't  
13545 specifically designed to target Planned Parenthood.

13546 I had the privilege for about 15 years, when I was in  
13547 private practice, of representing Planned Parenthood in  
13548 Maryland and got to see the incredible breadth of services  
13549 offered by Planned Parenthood, the sensitivity and warmth  
13550 with which they embraced the patients that come to their  
13551 clinics in a way that simply cannot be duplicated by other

13552 clinics, as good as they are, other Federally Qualified  
13553 Health Centers. They are just not going to meet the same  
13554 standard that Planned Parenthood has established since its  
13555 founding. So, it is distressing to have this attack on  
13556 Planned Parenthood with respect to all of these really  
13557 important healthcare services that are provided to so many  
13558 women across the country and, as Congresswoman Schakowsky  
13559 mentioned, to men as well.

13560 I do want to note that I got curious as to why the  
13561 provision in the bill to defund Planned Parenthood was just  
13562 for 1 year. And what we discovered is that that was done for  
13563 fiscal purposes to keep the cost score down on the bill.  
13564 Because what was anticipated is that, if you restrict the  
13565 services that Planned Parenthood can provide, in particular  
13566 limiting the family planning services that it provides, it  
13567 would increase the number of unintended pregnancies, with  
13568 most of those women ending up on Medicaid for the maternity  
13569 care and for care of their babies as well.

13570 And that cost to the Medicaid program would be  
13571 significant. So, that, in and of itself, is an  
13572 acknowledgment, a concession by the drafters of the bill of  
13573 the impact that you would have by limiting Planned  
13574 Parenthood's ability to provide these services and, in turn,

13575 is an acknowledgment of how effective Planned Parenthood is  
13576 with respect to the healthcare services that it is offering  
13577 to women across the country.

13578 So, it misguided. And again, I don't question people's  
13579 motives. This is a tough issue. Emotions run high. But the  
13580 Hyde amendment is handling the part of this discussion that  
13581 generates the most emotion.

13582 We are talking about the other piece, which is basic,  
13583 fundamental, and effective healthcare services that are  
13584 provided to women in this country. Nobody does it better.  
13585 Nobody does it better than Planned Parenthood. And for that  
13586 reason, I strongly support Congresswoman DeGette's amendment.

13587 And I yield my time.

13588 Mrs. Blackburn. The gentleman yields back.

13589 Mr. Engel, you are recognized for --

13590 Mr. Sarbanes. Can I yield the balance to Congresswoman

13591 --

13592 Mrs. Blackburn. You may yield to Ms. Schakowsky.

13593 Ms. Schakowsky. Thank you. I appreciate that.

13594 I think what you said is so important, that the  
13595 rationale a 1-year limit would be that, in fact, Planned  
13596 Parenthood helps women to plan their families and to prevent  
13597 unwanted pregnancies or unplanned pregnancies, which is not

13598 only misguided; it is so hypocritical.

13599           If we want to look at strategies that will actually  
13600 reduce the number of abortions that are necessary in the  
13601 United States, then we want to be able to provide  
13602 contraception and family planning services to women in this  
13603 country. And so, it is hard to understand why, when that is  
13604 a major focus of Planned Parenthood, and they are one of the  
13605 major providers of contraceptive services, that we would want  
13606 to end up in a place that we are concerned about having to  
13607 pay too much money for people who get pregnant who didn't  
13608 want to be pregnant and, then, end up on Medicaid. So, I  
13609 would say this amendment should be supported.

13610           And I yield back.

13611           Mrs. Blackburn. The gentlelady yields back, and the  
13612 gentleman's time has expired.

13613           Mr. Engel, you are recognized for 5 minutes.

13614           Mr. Engel. Thank you, Madam Chair.

13615           I move to strike the last word.

13616           I urge my colleagues to support this amendment. We  
13617 started out -- it is no longer today -- but yesterday was  
13618 International Women's Day, and some are recognizing that by  
13619 wearing red. My friends on the other side of the aisle have  
13620 chosen to recognize this day in a different way, by taking

13621 aim, yet again, at Planned Parenthood, an organization that  
13622 millions of American women depend on for comprehensive health  
13623 care and men depend on them as well.

13624 We, as Members of Congress, should not be deciding what  
13625 is best for a woman's health. She should and her doctor  
13626 should. And I understand all the critical sensitive issues.  
13627 But, again, this is up for the woman to decide, talking to  
13628 her family, her conscious, her God, and whatever else. No  
13629 one should make these decisions for her.

13630 And it is very difficult to believe that I have to say  
13631 this again. If I am exasperated, imagine how rightfully  
13632 angry and frustrated the women in our districts are. More  
13633 than half of Planned Parenthood centers are in rural or  
13634 underserved areas where health care is already too hard to  
13635 come by. Yet, my colleagues want to make it even harder for  
13636 people in these areas to access HIV and STD tests, breast and  
13637 cervical cancer screenings, and other lifesaving services.

13638 We know how our colleagues, our friends on the other  
13639 side of the aisle, will respond to these factors. They have  
13640 already tonight. They will talk about community health  
13641 centers that will fill the void left by Planned Parenthood.  
13642 Community health centers do phenomenal work and we support  
13643 them, but the idea that they can easily meet the needs of

13644 millions who actually currently rely on Planned Parenthood is  
13645 ridiculous.

13646           Actually, the American Public Health Association called  
13647 the notion, and I quote from them, "ludicrous". What logic  
13648 could be behind this, but another politically-motivated  
13649 attempt to roll back women's ability to control their own  
13650 health and bodies?

13651           Again, as my colleagues have said before, this has  
13652 nothing to do with abortion. The Hyde amendment makes sure  
13653 that no federal funds can go for abortion. This is simply a  
13654 punitive way of trying to shut Planned Parenthood down. If  
13655 you don't like Planned Parenthood, don't go, but other women  
13656 like it; other men like it, utilize it. And we shouldn't be  
13657 doing anything to shut it down. We should be trying to  
13658 improve health coverage. We should be trying to expand  
13659 places where women can go, not make it harder and harder for  
13660 them.

13661           So, I ask everyone to support this amendment.

13662           And if anyone wants the rest of my time -- Mr. Cardenas?

13663           Mr. Cardenas. Thank you very much.

13664           I just would like to point out that to defund Planned  
13665 Parenthood for 1 year would mean that approximately 2.5  
13666 million patients who visit a Planned Parenthood health center

13667 each year would be denied that opportunity. And some people  
13668 are assuming, well, then, just go somewhere else. Not so  
13669 easy, as was pointed out earlier, for a lot of good reasons  
13670 why it is hard for people with very little means to actually  
13671 find other alternatives.

13672 In addition to that, it is important to understand that,  
13673 if someone is actually getting an exam and finding out if  
13674 they have cervical cancer, and if they, for some reason, were  
13675 not allowed to go and get that exam for a whole year, that  
13676 could actually end that person's life because the detection  
13677 was delayed just by 1 year.

13678 Attempts by Republicans to block Planned Parenthood from  
13679 receiving Medicaid reimbursements will restrict patients from  
13680 accessing care at these health centers, which for many  
13681 patients is their only source of preventative care.

13682 And also, I would like to point out that, even with the  
13683 additional funding provided to community health centers in  
13684 this reconciliation package, community health centers just do  
13685 not have the excess capacity to shoulder the burden of  
13686 serving all of the Planned Parenthood current patients.

13687 Mr. Chairman, I ask unanimous consent to enter letters  
13688 from the California Primary Care Association and from the  
13689 Community Clinics of Los Angeles County for the record, Madam

13690 Chairwoman.

13691 Mrs. Blackburn. So ordered.

13692 [The information follows:]

13693

13694 \*\*\*\*\*COMMITTEE INSERT 22\*\*\*\*\*

13695 Mr. Cardenas. In addition to that, I would like to  
13696 point out that one expert explained in Health Affairs that  
13697 the Republicans' assertion that other providers can fill the  
13698 gap is, quote, "simply wrong and displays a fundamental  
13699 misunderstanding of how the healthcare system works."

13700 Also, I would like to submit for the record and, Madam  
13701 Chairwoman, I ask unanimous consent to enter that article  
13702 into the record: Sara Rosenbaum, Planned Parenthood  
13703 Community Health Centers, and Women's Health, "Getting the  
13704 Facts Right," September 2nd, 2015.

13705 [The information follows:]

13706

13707 \*\*\*\*\*COMMITTEE INSERT 23\*\*\*\*\*

13708 Mr. Cardenas. And this discussion actually reminds me  
13709 of sometimes how convenient it is for some people to say,  
13710 when it comes to certain issues, saying, "I'm not a  
13711 scientist, so I don't to comment on that." But, then, again,  
13712 there are many people who are elected to this Congress who  
13713 are not women; yet, at the same time, they feel it is  
13714 necessary for them to determine women's access to health care  
13715 and who should make decisions for women's health.

13716 I yield back.

13717 Mrs. Blackburn. The gentleman yields back.

13718 Let's see, Ms. Castor, 5 minutes.

13719 Ms. Castor. Thank you, Madam Chair.

13720 And I would like to thank Congresswoman DeGette and  
13721 Congresswoman Schakowsky for bringing this amendment, and I  
13722 associate myself with their remarks.

13723 I won't be too long, but I do want to make sure that I  
13724 am expressing what I hear from my neighbors at home, that  
13725 Planned Parenthood provides vital care, expert care, the most  
13726 advanced care to women and so many of my neighbors. So, I  
13727 strongly disagree with the GOP's punitive stance towards  
13728 Planned Parenthood clinics. Because when you go after the  
13729 Planned Parenthood clinics, you are really going after the  
13730 folks we represent back home who need that safe clinic to go

13731 to to get their care.

13732 You know, people back home often comment about how out  
13733 of touch a Congress that is 80-percent male is to the  
13734 everyday challenges of women and their ability to get  
13735 contraceptives, birth control, family planning advice, and  
13736 screenings. You know, walk a day in their shoes. Okay?

13737 And instead of being empathetic about what Planned  
13738 Parenthood does in the situation of people's health back  
13739 home, you say, no, they are cut off. You know, they also  
13740 say, "Well, don't they realize up there in the Congress that  
13741 Planned Parenthood is one of the most effective institutions  
13742 we have to preventing unintended pregnancies?"

13743 And I say, you know, "I wish we could have a hearing on  
13744 that." I wish we could have a hearing to really understand  
13745 the data. Instead, here again, in the middle of the night,  
13746 we are going to have a debate that will affect millions of  
13747 women across America and the folks that we represent back  
13748 home.

13749 I understand that views vary widely on abortion. But,  
13750 remember, it is a constitutionally-protected, fundamental  
13751 right. In this Republican-led Congress, when you continue to  
13752 interfere with that right, you continue to interfere at the  
13753 detriment of all Americans and the future of this great

13754 country.

13755 I yield. I yield to Ms. Clarke of New York.

13756 Ms. Clarke. I thank my colleague for yielding.

13757 I support the amendment being submitted by Congresswoman  
13758 DeGette and Congresswoman Schakowsky because we need to stand  
13759 up for the most vulnerable populations in our communities who  
13760 for generations now have only had Planned Parenthood as their  
13761 primary care physician during their childbearing years.

13762 It is so unfortunate to see the attempts by Republicans  
13763 to continue to block Planned Parenthood for receiving  
13764 Medicaid reimbursements which will restrict patients from  
13765 accessing care at healthcare centers, which for many patients  
13766 is their only source of preventative care. It is ironic,  
13767 Congressman Eliot Engel, that just a few hours after we were  
13768 commemorating International Women's Day here we are with an  
13769 amendment trying to secure the health care for women who are  
13770 probably some of the most vulnerable women in our society.

13771 Well, CBO has also projected that blocking Medicaid  
13772 reimbursements from Planned Parenthood would result in  
13773 reduced access to contraception that Planned Parenthood  
13774 provides. So, I mean, on the one hand, there is concern  
13775 about abortion services, which are not paid for federally-  
13776 funded, but in being able to plan families, we are also

13777 saying no go for you because we have the power to restrict  
13778 that, to actually make you unable to access this health care.

13779 I think that this is probably one of the most mean-  
13780 spirited provisions that we could see produced in a civil  
13781 society in the 21st century. They are women who can only  
13782 access this type of primary care during their childbearing  
13783 years, and here we are saying that we would close down these  
13784 clinics for a year.

13785 Each year Planned Parenthood provides more than 300,000

13786 --

13787 Mrs. Blackburn. The gentlelady's time has expired.

13788 Ms. Clarke. -- 300,000 breast exams.

13789 And I yield back.

13790 Mrs. Blackburn. The gentlelady yields back.

13791 On the majority, anyone seeking time?

13792 Mr. Harper?

13793 Mr. Harper. Thank you, Madam. Thank you, Madam Chair.

13794 You know, as I have listened to the comments from our  
13795 friends across the aisle on the Democratic side, we almost  
13796 lose sight of what this is really about. According to  
13797 Planned Parenthood's own annual report, 2014-2015, the  
13798 organization conducted 323,999 abortion procedures in the  
13799 year 2014. Now that just may sound like some medical

13800 procedure. That means a baby's life was ended, not once, not  
13801 twice, but almost 324,000 times. Of all people, you would  
13802 think that the Democrats would be the ones to stand up for  
13803 the life of the unborn child. Yet, they refuse to do so.

13804 You know, you look at what has happened here and you  
13805 look at facilities. There are 59 independent local Planned  
13806 Parenthood affiliates with 661 delivery sites, serving about  
13807 2.5 million patients a year, 2.5 million. In contrast to  
13808 that, Federally Qualified Health Centers, community health  
13809 centers have 10,554 delivery sites and serve over 24 million  
13810 patients.

13811 This is something that we have a moral obligation to  
13812 look at this, and I believe we are doing the right thing.  
13813 And we can provide for women's health care that we need to  
13814 do, and we do.

13815 I have been married to my lovely wife for almost 38  
13816 years. I can assure you I care about women's health. I have  
13817 a daughter who is 25. I can assure you I care about women's  
13818 health.

13819 I yield to the gentlelady from Tennessee, Ms. Blackburn,  
13820 the balance of my time.

13821 Mrs. Blackburn. I thank the gentleman for yielding,  
13822 just to answer a couple of points that have been made.

13823           The gentlelady from Florida asked why we were having  
13824 this discussion in the middle of the night. And, of course,  
13825 we would have loved to have been having this discussion at  
13826 10:30 this morning and would have encouraged you all to bring  
13827 your amendments forward that were going to impact the bill,  
13828 so that we were not here in the middle of night having these  
13829 discussions. So, that is something that you have control  
13830 over, that you could have decided you wanted to have this  
13831 discussion earlier in the day.

13832           And there is conversation about what the language in the  
13833 bill does. The language and the Hyde amendment and, then,  
13834 the language in this bill, the reason it is there, it does  
13835 end taxpayer funding, that stream of taxpayer funding to  
13836 clinics whose primary focus is abortion.

13837           As Mr. Harper said, investing in women's health is  
13838 something that is very important to us. And you look at the  
13839 community health centers and the FQHCs and you see the 10,554  
13840 delivery sites that are there and the number of patients that  
13841 they reach out to and serve each and every year, 24 million  
13842 patients. And that is the purpose for this.

13843           And I yield back the balance of the time.

13844           And, Ms. Dingell, you are recognized for 5 minutes.

13845           Mrs. Dingell. Thank you, Madam Chair.

13846 My colleagues have made a number of points. One, the  
13847 federal dollars -- we have the Hyde amendment -- they are not  
13848 being used for abortion. And I hate to disagree with my  
13849 colleagues, but the primary purpose of Planned Parenthood is  
13850 not for abortions. It is to provide care to these women.

13851 And as people, my other colleagues, have said, one in  
13852 five American women has received care at a Planned Parenthood  
13853 health center in her lifetime. Six in ten women who access  
13854 care from a family planning health center like Planned  
13855 Parenthood consider it the main source of their health care.

13856 You have heard the statistics. I could keep going on  
13857 them. But I want to read something that puts a human face on  
13858 what we are talking about and ask you to think about our  
13859 moral responsibilities here as well.

13860 "The Planned Parenthood in Flint in a modest brick  
13861 building off a lonely stretch of highway might not seem like  
13862 an obvious first stop for a resident concerned about the  
13863 strangely-colored bad-smelling water that started coming out  
13864 of taps in the city in early 2014. But, for those who work  
13865 inside, tackling the issue of access to potable water was a  
13866 no-brainer once patients began voicing concerns.

13867 As a preventative health organization with deep roots in  
13868 the local community, the conversation came naturally. After

13869 hearing reports from their patients about chemicals in the  
13870 water, the clinic sprang into action months before any state  
13871 of emergency was declared, handing out water filters and  
13872 teaching people how to use them.

13873 We are more than just a reproductive health  
13874 organization. We work for reproductive justice, explained  
13875 the field organization with Planned Parenthood. Having  
13876 access to clean, safe water is a reproductive justice issue.  
13877 It affects your health. Families deserve better than this.  
13878 It fits right in. Water is a basic human right.

13879 The staff is particularly focused on the reproductive  
13880 health impacts of the contaminated water, which in some homes  
13881 has so much lead in it that it meets the EPA's definition of  
13882 toxic waste. We've been educating on it and trying to get  
13883 patients to understand it's the reproductive health care.

13884 In men, lead exposure can reduce sperm count, staff  
13885 explained. In pregnant women, it can lead to gestational  
13886 hypertension, low birth weight, and preterm deliveries, as  
13887 well as affect the fetus' neurological development. And once  
13888 a baby is born, if a breast-feeding mother is drinking Flint  
13889 tap water, Planned Parenthood is advising her to pump and  
13890 dump her breast milk because the lead can be absorbed,  
13891 particularly if she tests as having 40 micrograms of lead in

13892 her blood or higher. Even formula, though, can be  
13893 complicated, as many are mixed with water. Mixing it with  
13894 Flint tap water can harm an infant.

13895 As the crisis continues to unfold, residents are still  
13896 being tested for lead exposure, and the effects might not  
13897 show up for years. Planned Parenthood will continue to focus  
13898 on educating parents."

13899 I ask you, what is our moral responsibility to women who  
13900 have no other place to go to get simple, basic health care?  
13901 That is a need that is being served, and there are studies  
13902 upon studies that say community health services cannot fill  
13903 that gap in Planned Parenthood defunding.

13904 Who would shutting down Planned Parenthood health  
13905 centers hurt the most? It is people of color, people living  
13906 in rural areas, and people with low incomes. They represent  
13907 the majority of Planned Parenthood patients and they already  
13908 face unfair, systematic barriers to access and seeing health  
13909 care. If these patients are blocked from care of Planned  
13910 Parenthood, many would have nowhere else to go. In fact, 21  
13911 percent of counties have no safety-net family plan  
13912 alternatives, should their local Planned Parenthood health  
13913 center close. And more than half of Planned Parenthood's  
13914 health centers are located in rural and underserved

13915 communities. I ask you, where is our moral responsibility  
13916 here?

13917 I yield back my 14 seconds.

13918 Mrs. Blackburn. The gentle lady yields back.

13919 Mr. Tonko?

13920 Mr. Tonko. Thank you, Madam Chair.

13921 I strike the last word.

13922 I rise in support of this amendment today on behalf of  
13923 all of the constituents in my district who are, indeed,  
13924 served by Planned Parenthood. I am deeply concerned by the  
13925 misguided fixation to take away valuable resources from women  
13926 with efforts to defund Planned Parenthood. I fully trust  
13927 women to make their own deeply personal medical decisions,  
13928 and I am grateful that Planned Parenthood provides essential  
13929 services, services to women, including cervical and breast  
13930 cancer screenings as well as the primary care service and  
13931 family planning counseling.

13932 In New York State, Planned Parenthood provides services  
13933 including breast exams, STI testing, birth control services,  
13934 diabetes screening, cholesterol screening, prenatal services,  
13935 and testicular and prostate cancer screenings. These are  
13936 critical services that keep New Yorkers healthy -- women,  
13937 children, and men.

13938 I recognize that these efforts to defund Planned  
13939 Parenthood would result in a lack of care for the more than  
13940 186,000 New Yorkers served by Planned Parenthood each and  
13941 every year. We must not allow that to happen.

13942 With that, I will yield to the gentlelady from New York,  
13943 Mr. Clarke.

13944 Ms. Clarke. I just wanted to point out one quick fact.  
13945 Because we have seen how this plays out already. We have  
13946 seen the impact of defunding at the state level. Indeed, in  
13947 Texas, one study found that pregnancy-related deaths doubled  
13948 after the State stopped reimbursing Planned Parenthood and 54  
13949 percent fewer patients in the State received care. So, this  
13950 is about prenatal care. This is about making sure that  
13951 people have healthy pregnancies, aside from the issue that I  
13952 guess our Republican colleagues are truly fixated on, which  
13953 is the question of abortion.

13954 This is really a wrong-headed proposal in this law, in  
13955 this bill, and I hope that you will reconsider.

13956 But I am going to yield back to Mr. Tonko at this time.

13957 Mr. Tonko. And I will yield to the gentlelady from  
13958 Colorado, Ms. DeGette.

13959 Ms. DeGette. Thank you. Thank you very much.

13960 I just have another question for counsel, and here is

13961 the question: Section 103, would it save more money if it  
13962 didn't have the \$350 million threshold included there? In  
13963 other words, if there was no threshold, if everybody was  
13964 subject to this, would it save more money?

13965 Counsel. Ms. DeGette, we don't have the CBO analysis --  
13966 Ms. DeGette. Yes, we are aware of that.

13967 Counsel. -- of what that change would do.

13968 Ms. DeGette. And it seems to me that it would save more  
13969 money because more providers would be subject to this.  
13970 Wouldn't that be a logical extension?

13971 Counsel. You may be correct. We don't know the answer  
13972 to that.

13973 Ms. DeGette. So, why would you include -- why was that  
13974 limitation included? The \$350 million, why was that included  
13975 in the language?

13976 Counsel. This language was from the 2015 reconciliation  
13977 bill.

13978 Ms. DeGette. Did anyone sitting up there work on the  
13979 2015 reconciliation bill?

13980 Counsel. I did not work on this --

13981 Ms. DeGette. Did anyone else sitting up there work on  
13982 it?

13983 Mrs. Blackburn. Ms. DeGette --

13984 Ms. DeGette. The reason I want to know --

13985 Mrs. Blackburn. Yes, Ms. DeGette --

13986 Ms. DeGette. -- I want to know the legislative history  
13987 for why this is included in this bill.

13988 Mrs. Blackburn. That is a question for members. It is  
13989 something from the 2015 text.

13990 Ms. DeGette. In that case, is there a member here who  
13991 can explain to me why that \$350 million was included in the  
13992 bill?

13993 Mrs. Blackburn. The language is in the bill, as I said  
13994 earlier, it has the effect of ending a taxpayer stream to  
13995 entities whose primary focus is abortion.

13996 Ms. DeGette. But why is the \$350 million included as a  
13997 limit?

13998 Mrs. Blackburn. That was a decision that was made at  
13999 the time of the 2015 bill. I was not working on it.

14000 Ms. DeGette. Is there any staffer here who can answer  
14001 the question?

14002 Mrs. Blackburn. It is not a question for staff.

14003 Ms. DeGette. Why not?

14004 Mrs. Blackburn. It is a question for members, and we  
14005 will see if we can get an answer for you. I don't have an  
14006 answer for you.

14007 Mr. Tonko. I yield back.

14008 Mrs. Blackburn. Okay, Mr. Tonko.

14009 Mr. Shimkus. Ms. Blackburn?

14010 Mrs. Blackburn. Okay, Mr. Shimkus, you are recognized  
14011 for 5 minutes.

14012 Mr. Shimkus. Thank you, Madam Chairman.

14013 And I appreciate -- I was upstairs listening to my  
14014 colleague and Mr. Sarbanes and his measured approach. Yes,  
14015 these are difficult issues.

14016 And people know my position. I have been on the  
14017 committee for a long time. They know that I am strongly in  
14018 the pro-life camp.

14019 But I think because I have to represent the women in my  
14020 Congressional District, and by far, the women in my  
14021 Congressional District would want me to be supportive of the  
14022 base language and oppose any amendment that would change  
14023 that. And I need to be on record and to stand up for those  
14024 women whose voices are not heard as much as the crescendo of  
14025 the women on the other side.

14026 So, with that, I will yield back my time.

14027 Mrs. Blackburn. The gentleman yields back.

14028 Mr. Lujan is next, correct, for 5 minutes.

14029 Mr. Lujan. Thank you, Madam Chair.

14030           And so, there was a letter that was put out by Planned  
14031           Parenthood, and what it say is, "Today House Republicans  
14032           released a bill" -- I guess this was yesterday -- "Today  
14033           House Republicans released a bill to repeal the Affordable  
14034           Care Act that includes a provision to specifically block  
14035           people with Medicaid coverage from accessing preventative  
14036           health care at Planned Parenthood health centers, including  
14037           birth control, cancer screenings, and STD testing and  
14038           treatment. If enacted, prohibiting patients from accessing  
14039           preventative care at Planned Parenthood health centers, it  
14040           would have a devastating impact on people and communities  
14041           across America. It is important to note that federal funding  
14042           does not go towards abortion, a law that Planned Parenthood  
14043           opposes."

14044           What follows, "Every year 2.5 million people rely on  
14045           Planned Parenthood health centers for essential health  
14046           services, and studies consistently show that proposals to  
14047           defund Planned Parenthood will result in people losing access  
14048           to care. And experts have repeatedly said other providers  
14049           could not absorb Planned Parenthood's patients."

14050           So, the general counsel, when you were asked a question  
14051           as to where the threshold came from, what was your response?

14052           Mrs. Blackburn. I will remind the gentleman that

14053 counsel is here to answer questions pertaining to text. When  
14054 it comes to policies --

14055 Mr. Lujan. And I asked a question about the text, Madam  
14056 Chair.

14057 Mrs. Blackburn. They will talk about how it operates.  
14058 They are not there to answer on a policy position.

14059 Mr. Lujan. The threshold that is in the text --

14060 Mrs. Blackburn. I would remind the gentleman, as I  
14061 said, they are not there to answer a question on a policy  
14062 position. They can talk to the effect of it.

14063 Mr. Lujan. For clarification, Madam Chair --

14064 Mrs. Blackburn. They can speak to the effect of it, Mr.  
14065 Lujan.

14066 Mr. Lujan. My time has been running while the Chair has  
14067 been speaking, and my time should not be running while I am  
14068 getting addressed by the Chair.

14069 Mrs. Blackburn. I am just making certain that you --

14070 Mr. Lujan. I am making certain that I am losing time  
14071 now. If you could please back my time up?

14072 Mr. Shimkus. They are staff. They are not the  
14073 legislators.

14074 Mr. Lujan. I am just asking a simple question, Mr.  
14075 Shimkus.

14076 Mrs. Blackburn. And I have told you that is not a  
14077 question that should be directed to them, Mr. Lujan.

14078 Mr. Lujan. Madam Chair, if you could help me  
14079 understand, then, procedurally, what questions can be asked  
14080 of staff to this committee?

14081 Mrs. Blackburn. You can talk with them about text. You  
14082 can talk to them about the effect of the text. You can talk  
14083 to them about this would, the operation of the text. You  
14084 cannot talk -- they are not there to answer the question on  
14085 policy. Those are discussions that take place with members.  
14086 And why a policy is developed, that is something that we tend  
14087 to on this side of dais. And if you want to talk with them  
14088 and ask them about effect, that is fine, but I would ask that  
14089 you please respect what they are to be questioned on and what  
14090 they are not.

14091 Mr. Lujan. Thank you, Madam Chair.

14092 Mrs. Blackburn. Thank you.

14093 Mr. Lujan. To the general counsel, can you let me know  
14094 what the threshold is in the text of the legislation?

14095 Counsel. The threshold is a provider is designated as a  
14096 not-for-profit by the IRS. The provider is an essential  
14097 community provider primarily engaged in family planning  
14098 services and reproductive health. Entity is an abortion

14099 provider that provides abortions in cases that don't meet the  
14100 Hyde amendment exception for federal payment, and the entity  
14101 received more than \$350 million in Medicaid expenditures,  
14102 both federal and state, in fiscal year 2014.

14103 Mr. Lujan. So, if I may, the \$350 million amount, where  
14104 did that number come from?

14105 Counsel. That was in the 2015 bill.

14106 Mr. Lujan. Earlier when general counsel was asked a  
14107 question, Madam Chair, there was a response that it came from  
14108 CBO. Is that correct?

14109 Mrs. Blackburn. Mr. Lujan, I --

14110 Mr. Lujan. I can ask you or I can ask them. Is that  
14111 correct? General counsel stated earlier where the number  
14112 came from, and general counsel stated it came from CBO. I  
14113 can ask you, Madam Chair, or I can ask them.

14114 Counsel. Mr. Lujan, the \$350 million was in the text.  
14115 That threshold is also listed in the CBO analysis. What I  
14116 was referencing earlier was the 2015 analysis of the 2015  
14117 reconciliation bill.

14118 Mr. Lujan. I appreciate that very much. So, just so we  
14119 get straight that that is where it came from.

14120 And, Madam Chair, it is my understanding that you  
14121 chaired one of the select committees. In that work, I am

14122 sure that you paid attention to facts. And if facts were  
14123 paid attention to, you would know that it is only 3 percent  
14124 of Planned Parenthood services are for abortion care, not in  
14125 the way that it is being characterized in this hearing today.  
14126 Three percent is not -- I forget that you used, Madam Chair,  
14127 but 3 percent is not the primary focus of the care to be  
14128 provided.

14129 And with that, I yield to my colleague Diana DeGette.

14130 Ms. DeGette. Thank you very much.

14131 I want to thank the gentleman for clarifying that  
14132 because the Chair just said that the purpose of Section 103  
14133 is to stop Medicaid funding from going to clinics whose  
14134 primary job is to perform abortions. If that is the case,  
14135 why wasn't this section, then, written to simply say,  
14136 "Clinics whose primary job is to provide abortions shall not  
14137 get Medicaid funding."? Instead, it goes through all of this  
14138 rigmarole about the \$350 million threshold which only applies  
14139 to one organization, by the way, Planned Parenthood.

14140 In fact, as Mr. Lujan just said, only 3 percent of what  
14141 Planned Parenthood does is abortion, and they do that with  
14142 their own private money. They don't do that public money.  
14143 They don't do that with Medicaid money.

14144 And so, what this section will do, as all of my

14145 colleagues have brilliantly testified, it will stop women and  
14146 families from getting all kinds of health care, including  
14147 family planning and birth control that actually will prevent  
14148 unwanted pregnancies, which actually reduces abortion. So,  
14149 ironically, what this amendment will do is stop funding to  
14150 the very organizations that are helping families plan, so  
14151 they don't have abortions.

14152 I find this to be shocking, and I would urge everyone  
14153 just to support this amendment and support the women of  
14154 America and the families of America, as they so desperately  
14155 get the health care they need.

14156 I yield back to Mr. Lujan.

14157 Mr. Lujan. And, Madam Chair, the last thing I will say  
14158 is it seems clear to everyone in this room, I hope, that the  
14159 \$350 million threshold was chosen simply to target Planned  
14160 Parenthood.

14161 I yield back.

14162 Mrs. Blackburn. I will remind the gentleman we are not  
14163 here to debate Planned Parenthood. We are here to talk about  
14164 funding streams.

14165 [Laughter.]

14166 Okay. Mr. Ruiz, you are recognized for 5 minutes.

14167 Order.

14168 Mr. Ruiz. Am I recognized? Thank you so much.

14169 That was really funny. We all know this is about  
14170 Planned Parenthood.

14171 The federal government does not fund abortions for  
14172 Planned Parenthood or any other healthcare organizations.  
14173 The Republicans and the federal government do fund hospitals  
14174 and clinics that do provide abortions. And if this is about  
14175 abortions, then my question will be, are you going to defund  
14176 the hospitals and clinics that also fund abortions? So, what  
14177 is unique about Planned Parenthood? Is it because they speak  
14178 up for women's reproductive health rights a bit louder than  
14179 others?

14180 So, if you are not defunding abortions because federal  
14181 money already does not fund abortions, then what does this  
14182 bill defund? Well, let me read you a list: anemia testing;  
14183 cholesterol screening; diabetes screening; physical exams,  
14184 including for employment and sports; flu vaccines; help with  
14185 quitting smoking; high blood pressure screening; tetanus  
14186 vaccines; thyroid screening.

14187 The primary purpose of Planned Parenthood is to provide  
14188 this type of health care. Less than 3 percent of services is  
14189 on abortions. Planned Parenthood provides much-needed care  
14190 in hard-to-reach locations where there are few, if any other,

14191 providers.

14192 Let me give you a very specific example in my district.  
14193 I had mentioned earlier I had done research before I ran for  
14194 Congress that counted every full-time-equivalent physician in  
14195 the underserved area of the Eastern Coachella Valley. So,  
14196 there is one full-time-equivalent physician per 9,000  
14197 residents. We also calculated that, to be not considered  
14198 medically-underserved, we needed 23 more full-time-equivalent  
14199 physicians.

14200 So, each FQHC clinic has about two or three doctors  
14201 working there at once on a good day. That means that the  
14202 Eastern Coachella Valley will need seven to eleven new  
14203 clinics to serve the underserved areas.

14204 So, do you know how long it takes for an organization to  
14205 get the money to start an FQHC? Do you know how long it  
14206 takes to recruit physicians to come and serve in underserved  
14207 rural areas when there is such a physician shortage? It  
14208 takes a very long time.

14209 So, simply saying, you know, you are going to give a  
14210 certain amount of, hopefully, woefully underfunded to  
14211 community clinics to provide this care just doesn't make  
14212 sense. They are already overcapacity and they don't have  
14213 enough to take care of the enormous need that is already out

14214 there.

14215 That is it.

14216 Mrs. Blackburn. Is the gentleman yielding back?

14217 Mr. Ruiz. Sure, I yield back.

14218 Mrs. Blackburn. The gentleman yields back.

14219 Mr. Scalise, you are recognized for 5 minutes.

14220 Mr. Scalise. Thank you, Madam Chair.

14221 I move to strike the last word and the second-to-last  
14222 word and all the words in this amendment. Because what part  
14223 of our bill to repeal and replace Obamacare does is also  
14224 defunds groups like Planned Parenthood that use taxpayer  
14225 money and also provide abortions. And this is not just a  
14226 philosophical question. For many of us, it is a moral  
14227 question. And so, I hope we at least can talk about it in  
14228 that context because, for some, they are suggesting that this  
14229 language does away with groups like Planned Parenthood.

14230 Now this maybe makes groups like Planned Parenthood face  
14231 a real moral dilemma that millions of taxpayers throughout  
14232 the country face. And our constituents, many of ours, feel  
14233 it is morally offensive to have their taxpayer dollars go to  
14234 organizations that provide abortion. That is the heart of  
14235 this question.

14236 If you read the language in our bill that this amendment

14237 strikes, the language says, if a group like Planned  
14238 Parenthood stops providing abortions, they could still get  
14239 taxpayer money. But, if they want to provide abortions, they  
14240 can't get taxpayer money.

14241 Now I know in the gentle lady from California's example  
14242 she talked about the Hewletts and the Packards. And if the  
14243 Hewletts and the Packards want to spend their money to fund  
14244 the largest abortion provider in the nation, that is a choice  
14245 they make. But don't ask the Boudreaus and the Thibodeaus  
14246 from south Louisiana to have to send their taxpayer money to  
14247 fund the largest abortion provider in the nation if it is  
14248 morally offensive to their beliefs. That is the question  
14249 here.

14250 And so, why is it that there is this infatuation with  
14251 forcing taxpayers to take their money and violate their own  
14252 religious beliefs to give that money to the nation's largest  
14253 provider of abortion? And again, if they want access to  
14254 taxpayer money, don't provide abortion.

14255 Let's look at the numbers. And my friend from Texas  
14256 made, I think, a very compelling, valid argument. He cited  
14257 Planned Parenthood's 2014-2015 annual report. This is  
14258 Planned Parenthood's numbers.

14259 You know, we talk about women's health all day, but at

14260 the heart of the issue is abortion using taxpayer money. So,  
14261 you look at the 2014 numbers that Planned Parenthood  
14262 provided; they conducted 323,999 abortions and they got  
14263 taxpayer money to help offset some of those costs.

14264 Mr. Welch. Will the gentleman --

14265 Mr. Scalise. President Obama, during the debate on  
14266 Obamacare --

14267 Mr. Welch. Will the gentleman yield?

14268 Mr. Scalise. -- said taxpayer money would not be used  
14269 for abortion.

14270 Mr. Welch. Will the gentleman yield for a question?

14271 Mr. Scalise. And yet, Planned Parenthood -- I would be  
14272 happy to yield in a moment when I complete this thought.

14273 Planned Parenthood uses taxpayer money and provides  
14274 abortion. And so, we are standing up for the taxpayers who  
14275 don't want their taxpayer dollars going to abortion. If  
14276 private people like the Hewletts and the Packards believe so  
14277 deeply in Planned Parenthood, there is nothing in this  
14278 language that says they can't go and provide that funding.  
14279 Just stop forcing taxpayers to have to give their dollars,  
14280 their hard-earned tax dollars, to the largest abortion  
14281 provider in the nation.

14282 And that is what this amendment does. Our language

14283 does, our bill stops this from happening. It gives them the  
14284 choice. They can stop providing abortions and still do the  
14285 other things that they do, and they would still get that  
14286 money. But, if they want taxpayer money -- and again, you  
14287 are asking people to give their taxpayer dollars to a group  
14288 in violation of their own religious beliefs. That is wrong.  
14289 Stop forcing people to violate their own views. Little  
14290 Sisters of the Poor having to buy contraceptives is in  
14291 violation of their own religious beliefs. That is what  
14292 offends people so much. Let the Hewletts and the Packards do  
14293 what they want to do.

14294 Mr. Welch. Would the gentleman yield for a question?

14295 Mr. Scalise. I would be happy to.

14296 Mr. Welch. I thank you.

14297 So, if it is morally offensive to our constituents that  
14298 public funds go to an organization that hires gay or lesbian  
14299 employees, should they have the right to deny funds because  
14300 that is their moral view?

14301 Mr. Scalise. I don't know if you are bringing an  
14302 amendment regarding that. We are talking about taxpayer  
14303 funding of abortion.

14304 Mr. Welch. I understand.

14305 Mr. Scalise. This, our bill says, if you want to take

14306 taxpayer money, you can't provide abortions.

14307 Mrs. Blackburn. The gentleman's time has expired.

14308 Mr. Scalise. The amendment says you can continue using  
14309 taxpayer money and forcing people to give that taxpayer money  
14310 to the largest provider of abortion. We fundamentally  
14311 disagree on this issue and I object to the amendment.

14312 And I yield back the balance of my time.

14313 Mrs. Blackburn. The gentleman yields back.

14314 Mr. McNerney for 5 minutes.

14315 Mr. McNerney. Thank you.

14316 I yield my time to the gentleman from New Jersey.

14317 Mr. Pallone. Thank you, and I am not going to use all  
14318 the time. You may want to give it to others.

14319 It just really bothers me listening to the gentleman  
14320 from Louisiana because where are we going with this. In  
14321 other words, it is clear that the money can't be used for  
14322 actual abortions. And I think you are saying that, just  
14323 because the organization provides abortions to some  
14324 somewhere, not necessarily even the clinic where my  
14325 constituents may go, just because somehow that is tainted  
14326 because that organization is providing abortions elsewhere  
14327 perhaps, that we are going to deny people the right to say  
14328 that they can go to the provider of their choice.

14329           We have always had this principle that you could go to  
14330           the provider of your choice, you know, because it happens to  
14331           be the most convenient location. Maybe you don't have a car.  
14332           That is where you go. Maybe you have heard from others that  
14333           this is a place that provides better service or better  
14334           quality service, or whatever it happens to be.

14335           And I think that the gentleman from Vermont's question  
14336           is very apt. In other words, where does this end? If the  
14337           Thibodeaus or the Woodwards -- I don't know if I got the  
14338           names right there --

14339           Mr. Scalise.    The Boudreaus and Thibodeaus.

14340           Mr. Pallone.    -- the Woodreaus and the Thibodeaus  
14341           decide that, you know, they don't like some other  
14342           organization because they -- I don't know -- provide  
14343           vasectomies or do something else, maybe their umbrella  
14344           organization does other things they don't like, that the  
14345           decision is going to be made, okay, we are not going to let  
14346           you provide women's healthcare services.

14347           I mean, think about that. Think about where we are  
14348           going with this. It is going to totally eliminate the idea  
14349           that people can go to the provider of their choice and make  
14350           the decisions based on morality, that really the morality has  
14351           nothing to do with the issue at hand. Because you are not

14352 even saying, if I understand you, you are not even saying  
14353 that you have a problem with these women going to a clinic  
14354 and having the various services that we have talked about.  
14355 You just don't like it because somehow somewhere this  
14356 organization is providing, is doing abortions, which, again,  
14357 are not taxpayer-funded.

14358 So, I mean, if we go along with this principle, where  
14359 does it end?

14360 Mr. Scalise. Would the gentleman yield?

14361 Mr. Pallone. And you could apply it not only to women's  
14362 health, you could apply it to anything. I mean, you could  
14363 apply it to Medicaid funding for any purpose anywhere.

14364 Mr. Scalise. Would the gentleman yield?

14365 Mr. Pallone. Sure.

14366 Mr. Scalise. We are not just talking about providing  
14367 abortions somewhere somehow. We are talking about a group  
14368 that provides over 300,000 abortions --

14369 Mr. Pallone. I understand that.

14370 Mr. Scalise. -- in 1 year.

14371 Mr. Pallone. Let me take my --

14372 Mr. Scalise. And if you don't think that that is an  
14373 issue that has not been heavily disputed --

14374 Mr. Pallone. I don't see how it is --

14375 Mr. McNerney. Let me take my time back.

14376 Mr. Scalise. Eighty percent of Americans don't want  
14377 taxpayer money used for abortion.

14378 Mr. Pallone. Madam Chairwoman, it is my time.

14379 I am saying it is shocking to me, to be perfectly  
14380 honest. I understand what you are saying, but I just want  
14381 you to understand what the consequences of that are, not only  
14382 for women's health, but for any kind of Medicaid services or  
14383 any kind of federal funding, if not some kind of a litmus  
14384 test is going to be used not for the actual services  
14385 provided, which you don't have a problem with, but with the  
14386 fact that somehow the organization does something else that  
14387 you don't like at another location. Where are we going with  
14388 this?

14389 I mean, I could imagine that everyone is going to decide  
14390 that, for moral reasons, I don't like this or I don't like  
14391 that, and because they are somehow involved in this, I can  
14392 decide that the federal fundings don't go there. And then,  
14393 we have to decide is that a majority view; is that a minority  
14394 view. I mean, you are deciding this is a majority view. I  
14395 would venture to guess that, if you asked most people whether  
14396 they would have a problem providing women's services at a  
14397 place that doesn't even provide abortions at all, they would

14398 say, "What are you talking about?"

14399 I mean, just think about it. I think that it just  
14400 doesn't make sense. And logically, of course, it is a  
14401 disaster because of all the reasons we said.

14402 You know, I use the clinic in Perth Amboy in my  
14403 district. I don't know where these people are supposed to  
14404 go. They are low-income Medicaid. They don't have a car.  
14405 These other clinics don't want to provide the services. You  
14406 are just denying them care for this very attenuated, which I  
14407 think from a practical point of view is just not fair.

14408 But I will yield back.

14409 Mr. McNerney. Thank you.

14410 I would just like to say the quandary in my mind is, if  
14411 abortions are offensive and morally offensive, then why would  
14412 you cut off funding to an organization that, through their  
14413 practices, reduces the number of unwanted pregnancies and the  
14414 number of abortions? That is my quandary.

14415 And with that, I will yield back.

14416 Mrs. Blackburn. The gentleman yields back.

14417 Mr. Kennedy, 5 minutes.

14418 Mr. Kennedy. Thank you, Madam Chair.

14419 A couple of points. First, I rise, obviously, in strong  
14420 support -- I move to strike the last word. Excuse me. I

14421 rise in strong support of the amendment on behalf of the  
14422 seven Planned Parenthood clinics in Massachusetts and the  
14423 33,000, roughly, patients that they see every year.

14424 I was out in Boston last weekend and the wind chill was  
14425 close to being below zero, and hundreds and hundreds of men  
14426 and women and children were out there voicing their support  
14427 to try to ensure the federal government does not stand  
14428 between their ability to access the health care that they  
14429 need.

14430 I bring up two main points that I want to address. Mr.  
14431 Shimkus, I am cognizant of the way in which you address this  
14432 issue, obviously one being very emotional for all of us, and  
14433 I appreciate that. And I will try to maintain that same  
14434 level of decorum. I will do my best.

14435 I would say to my friend Mr. Scalise, I am a bit  
14436 concerned with the logic used as well. There is no doubt,  
14437 obviously, that if this plan is enacted, that there are going  
14438 to be hospitals all over the country that receive federal  
14439 funding for hospital services. Some of those hospitals will  
14440 also provide abortions that are separate from the hospital  
14441 services that might be provided from other services.

14442 So, under the logic that you laid out saying, if they  
14443 provide, if any organization provides abortion, they

14444 shouldn't get any federal funding, is the intent of this bill  
14445 going to be stripping all federal funding from any hospital  
14446 that does that, any doctor's office that will provide that  
14447 consultation?

14448 Mr. Scalise. Would the gentleman yield?

14449 Mr. Kennedy. Yes, sir.

14450 Mr. Scalise. Yes, the language in the underlying bill  
14451 that this amendment is trying to change is specifically  
14452 dealing with organizations like Planned Parenthood that  
14453 provide abortion services and other services. And what it  
14454 says is, first of all, you are shifting the money over to  
14455 Federally Qualified Health Centers, which, by the way, are 10  
14456 to 1 more prevalent around the country than Planned  
14457 Parenthood, so there is more access to health care --

14458 Mr. Kennedy. Understood, sir, but, as --

14459 Mr. Scalise. And so, the money is going to be still  
14460 there, but just not to organizations that provide abortion  
14461 like Planned Parenthood.

14462 Mr. Kennedy. Understood. And reclaiming my time -- and  
14463 I appreciate that -- but, as an emergency room doctor on this  
14464 committee who works on the Committee of Health Centers  
14465 indicated, and there is plenty of data to back it up, those  
14466 health centers are already taxed with access issues. And

14467 there are studies out there that indicate that they could not  
14468 meet the increased demand if you shut down the additional  
14469 services to Planned Parenthood.

14470 The other thing that I think is really important to keep  
14471 in mind is, getting back to where we were a couple of hours  
14472 ago, the impact that this will have on low-income families  
14473 because of what this bill does to Medicaid and the Medicaid  
14474 expansion population, which is roughly 11 million people,  
14475 because you strip access to preventive and wellness services.

14476 So, a lot of the screenings that are done or would be  
14477 available to that patient population around the country no  
14478 longer are guaranteed coverage because of what you have  
14479 written in your bill, because you repeal the essential health  
14480 benefits for those 11 million people. So, if they are not  
14481 going to get them there anymore, they are not going to get  
14482 them through Medicaid, and you can't get them through Planned  
14483 Parenthood, where are you supposed to get them? How is that  
14484 supposed to happen? And how can we say that that is not a  
14485 small problem when we also sit there and hear that people are  
14486 so passionate about women's health? What happens to all of  
14487 those patients?

14488 And then, part of this is a back-and-forth with legis  
14489 counsel at this point because we haven't had a hearing on

14490 this bill. We haven't had a hearing on the underlying issues  
14491 of this bill. You have had a back-and-forth with, yes,  
14492 putting legis counsel in a difficult position to answer  
14493 policy questions because we haven't had any witnesses to  
14494 actually state what is the policy.

14495 And so, here we are at 2:20 in the morning trying to  
14496 understand the rationale behind a paragraph in a 60-page  
14497 piece of legislation that overhauls our healthcare system and  
14498 how it is going to impact far more people than is initially  
14499 evident in this bill, far more people.

14500 Because you have to understand how these pieces fit  
14501 together, and the impact that this could have on that  
14502 population is devastating. And we can't even get any answers  
14503 about it. And the logic that is used could be used to defund  
14504 hospitals at large, understanding that is not the intent and  
14505 that is not the text at the moment, but we are at the first  
14506 hearing on it. It is a markup, and we have got the President  
14507 of the United States on a press release late this evening  
14508 saying that they are ready to move up the Medicaid expansion  
14509 cuts from 2020 to 2018 to satisfy the Freedom Caucus. So,  
14510 President Trump indicates it from the White House.

14511 So, we have, with due respect, there is an awful lot of  
14512 unanswered questions here that we are trying to get answers

14513 to, so I can go back to my constituents and answer them as to  
14514 what is in a bill that I am going to be voting on at some  
14515 untold time in the future.

14516 I yield back.

14517 Mrs. Blackburn. The gentleman yields back.

14518 Mr. Welch?

14519 Mr. Welch. Move to strike the last word.

14520 A couple of things. One, the question I asked, Mr.  
14521 Scalise, is the question that you can't ignore if the premise  
14522 of your amendment here is that, because one has constituents  
14523 for whom something is morally objectionable, then you can use  
14524 the power of the state to prohibit people in an organization  
14525 from doing something that is legal. Abortion is legal. And  
14526 you can introduce legislation to change that. You may get a  
14527 Supreme Court that will uphold that. But abortion is legal.  
14528 Discrimination is not.

14529 There are some people who believe that it is immoral for  
14530 an individual to be gay or lesbian. They believe it. They  
14531 really do. I totally disagree. But are we suggesting that,  
14532 since of us may have constituents who believe that to be gay  
14533 or lesbian is morally reprehensible, that we can use the  
14534 power of the state to accommodate their view, which happens  
14535 to be illegal? That is what we are talking about here.

14536 By the way --

14537 Mr. Scalise. Would the gentleman yield?

14538 Mr. Welch. I will in a minute, but let me finish on  
14539 this.

14540 The other aspect of this is that, when we are  
14541 legislating, we do have power. And there is such a danger  
14542 that we abuse it. The leaders I have admired have always had  
14543 the capacity for restraint.

14544 This is a healthcare bill. And what this amendment  
14545 would do is destroy an organization who the vast majority of  
14546 their work is to provide basic healthcare services to women,  
14547 particularly low-income women. And we are willing to blow  
14548 that up because some of our constituents, some of your  
14549 constituents think it is wrong that an organization also  
14550 provides legal services -- legal.

14551 And it really reminds me of Vietnam, that famous quote  
14552 by the officer who said, "We've got to destroy the village in  
14553 order to save it." We are going to blow up Planned  
14554 Parenthood, an organization that provides an extraordinary  
14555 amount of good service and basic healthcare services to women  
14556 because some constituents in some of our districts disagree  
14557 with the law of the land, which happens to be that abortion  
14558 is legal.

14559           So, this is overreach, and it is overreach in a  
14560 healthcare bill. So, I object to this and I really am kind  
14561 of astonished by it, that we don't have the capacity to have  
14562 this important debate on a legitimate issue on its own  
14563 merits, rather than to wedge it into a healthcare bill where,  
14564 if the proponents of this provision are successful, they will  
14565 undercut and destroy an organization that has been  
14566 successfully providing good healthcare services to women of  
14567 this country.

14568           I yield back.

14569           Mrs. Blackburn. The gentleman yields back.

14570           Anyone else seeking time?

14571           Mr. Green for 5 minutes.

14572           Mr. Green. I wasn't going to participate in this  
14573 debate, but, Steve, I grew up in a neighborhood that was pro-  
14574 life. But, in 1973, the Supreme Court said that is not your  
14575 and my's decision. We may consider it immoral by our church,  
14576 but it is moral under our United States law. And so, that is  
14577 why it has been a quandary for me.

14578           But I don't think we have the right to cut the funding  
14579 for an agency, no matter if it is Planned Parenthood or ABC  
14580 Health Clinic, that doesn't get money for their abortion  
14581 services from the federal government by the Hyde Act. And if

14582 you are saying that using that money to provide abortions --  
14583 and maybe we ought to have an audit -- but I think they  
14584 probably are smart enough that they separate those functions.

14585 And I do have a --

14586 Mr. Scalise. Would the gentleman yield?

14587 Mr. Green. And I have a Planned Parenthood clinic in  
14588 our district. It is a very large clinic. And I know most of  
14589 their work, if not 90 percent, is wellness for women and very  
14590 little for abortions.

14591 But I will be glad to yield.

14592 But it is a protected act that the Supreme Court has  
14593 said, and over the last 43 years or so it has been that, you  
14594 know, by the federal court. We don't all make the laws. The  
14595 Supreme Court does check our work.

14596 Mr. Scalise. Right.

14597 Mr. Green. But I will yield to --

14598 Mr. Scalise. And I appreciate the gentleman yielding.

14599 The Hyde amendment has been brought up a lot, and I know  
14600 you referenced it. If you go back to the Roe v. Wade  
14601 decision, Henry Hyde ran in large part to try to overturn Roe  
14602 v. Wade. When he came to Congress in the 1970s, one of his  
14603 objectives was to pass a human right -- the life amendment.  
14604 He wasn't successful. It was a Constitutional Amendment.

14605 So, what he did was start attaching language to  
14606 appropriations bills that we now all know as the Hyde  
14607 amendment to say taxpayer funding can't be used for abortion.

14608 This has been a very bipartisan issue for a long time.  
14609 Unfortunately, that bipartisanship has shrunken over the  
14610 years. But when Henry Hyde first started proposing that  
14611 language, it was after Roe v. Wade, but Congress came  
14612 together, Republicans and Democrats, and said, at least we  
14613 can agree, because there are real serious moral objections  
14614 that still have not been resolved, that taxpayer money can't  
14615 be used for abortion. That is something that has been going  
14616 on since the 1970s. Around 1976 was when Hyde started --

14617 Mr. Green. And we have voted for appropriations bills  
14618 that have the Hyde amendment in it. And we recognize --

14619 Mr. Scalise. Right. And this is, in essence, an  
14620 extension of the Hyde amendment. This is keeping in tune  
14621 with taxpayer money not being used to fund abortion to groups  
14622 that provide abortion.

14623 Mr. Green. Well, I disagree that taxpayer money is used  
14624 for abortions --

14625 Mr. Scalise. We all know it is fungible. We all know -  
14626 -

14627 Mr. Green. -- consistent with the Hyde amendment.

14628 Mr. Scalise. -- that those kind of dollars --

14629 Mr. Lujan. Will the gentleman yield?

14630 Mr. Green. But it is a protected act by the law of the

14631 land.

14632 Mr. Scalise. But the Hyde language is also

14633 constitutional.

14634 Mr. Green. And I will be glad to --

14635 Mr. Scalise. -- as well.

14636 Mr. Lujan. Will the gentleman yield?

14637 Mr. Green. But I want to yield to --

14638 Mr. Scalise. And I yield back.

14639 Mr. Green. -- my colleague, Congressman Lujan.

14640 Mr. Lujan. Madam Chair, I know that you told me I

14641 couldn't ask general counsel questions if it had any touch

14642 with policy here. And we are just trying to get some of

14643 these questions answered.

14644 Mr. Scalise, you are the only one that seems to be

14645 stepping up right now to be able to answer some of these

14646 questions. And so, what hasn't been talked about is how this

14647 language is also an attack on the transgendered community

14648 when we talk about Planned Parenthood being one of the

14649 providers that provides services to the community. But that

14650 is not my question.

14651 I guess what I am trying to understand is Section 103,  
14652 which is where I asked the threshold of where this number  
14653 came from. I asked earlier, Mr. Scalise, if, in fact, the  
14654 \$350 million threshold came from -- where it came from. I  
14655 was told CBO. I was told it came from 2015 bill.

14656 So, we are just trying to understand what this is all  
14657 about. So, you know, if you can help me understand what the  
14658 intent of Section 103 is, is it blocking Medicaid funding to  
14659 Planned Parenthood because they provide abortion care? Is  
14660 that what this is about?

14661 Mr. Scalise. It has never been about one organization.  
14662 And, in fact, the language in the underlying bill says, if no  
14663 abortion services are provided, then there is no --

14664 Mr. Lujan. Reclaiming my time, Mr. Scalise, what other  
14665 --

14666 Mr. Scalise. -- involvement there.

14667 Mr. Lujan. -- groups are there?

14668 Mr. Scalise. Well, ultimately, what we have talked  
14669 about for a long time is to protect taxpayer money from being  
14670 used to fund abortion. And again, that goes back to the Hyde  
14671 language.

14672 Mr. Lujan. Reclaiming my time, Mr. Scalise, I thought  
14673 you would answer the question that I was told I couldn't ask

14674 of general counsel of where the \$350 million deal came from,  
14675 and --

14676 Mr. Scalise. Well, we have also said we want to make  
14677 sure that groups that provide health services for women, for  
14678 children, for low-income people still have that ability, in  
14679 fact, in a much broader sense, a lot more whole-scale under  
14680 our bill than currently available.

14681 Mrs. Blackburn. The gentleman's time has expired. The  
14682 gentleman's time has expired.

14683 Anyone else seeking time? If not, Mr. Pallone says that  
14684 they want a roll call vote at 2:31 in the morning. So, we  
14685 will -- I think that we are ready for this roll call vote.

14686 So, the clerk will call the roll. Those in favor of the  
14687 amendment say aye; those opposed say no.

14688 The Clerk. Mr. Barton?

14689 [No response.]

14690 The Clerk. Mr. Upton?

14691 Mr. Upton. Votes no.

14692 The Clerk. Mr. Upton votes no.

14693 Mr. Shimkus?

14694 Mr. Shimkus. No.

14695 The Clerk. Mr. Shimkus votes no.

14696 Mr. Murphy?

14697 [No response.]

14698 The Clerk. Mr. Burgess?

14699 Mr. Burgess. No.

14700 The Clerk. Mr. Burgess votes no.

14701 Mrs. Blackburn?

14702 Mrs. Blackburn. No.

14703 The Clerk. Mrs. Blackburn votes no.

14704 Mr. Scalise?

14705 Mr. Scalise. No.

14706 The Clerk. Mr. Scalise votes no.

14707 Mr. Latta?

14708 Mr. Latta. No.

14709 The Clerk. Mr. Latta votes no.

14710 Mrs. McMorris Rodgers?

14711 Mrs. McMorris Rodgers. No.

14712 The Clerk. Mrs. McMorris Rodgers votes no.

14713 Mr. Harper?

14714 Mr. Harper. No.

14715 The Clerk. Mr. Harper votes no.

14716 Mr. Lance?

14717 Mr. Lance. No.

14718 The Clerk. Mr. Lance votes no.

14719 Mr. Guthrie?

14720 Mr. Guthrie. No.

14721 The Clerk. Mr. Guthrie votes no.

14722 Mr. Olson?

14723 Mr. Olson. No.

14724 The Clerk. Mr. Olson votes no.

14725 Mr. McKinley?

14726 Mr. McKinley. No.

14727 The Clerk. Mr. McKinley votes no.

14728 Mr. Kinzinger?

14729 Mr. Kinzinger. No.

14730 The Clerk. Mr. Kinzinger votes no.

14731 Mr. Griffith?

14732 Mr. Griffith. No.

14733 The Clerk. Mr. Griffith votes no.

14734 Mr. Bilirakis?

14735 Mr. Bilirakis. No.

14736 The Clerk. Mr. Bilirakis votes no.

14737 Mr. Johnson?

14738 Mr. Johnson. No.

14739 The Clerk. Mr. Johnson votes no.

14740 Mr. Long?

14741 Mr. Long. To protect the unborn miniature women, I vote

14742 no.

14743	The <u>Clerk.</u>	Mr. Long votes no.
14744	Mr. Bucshon?	
14745	Mr. <u>Bucshon</u>	No.
14746	The <u>Clerk.</u>	Mr. Bucshon votes no.
14747	Mr. Flores?	
14748	Mr. <u>Flores.</u>	No.
14749	The <u>Clerk.</u>	Mr. Flores votes no.
14750	Ms. Brooks?	
14751	Mrs. <u>Brooks</u>	No.
14752	The <u>Clerk.</u>	Ms. Brooks votes no.
14753	Mr. Mullin?	
14754	Mr. <u>Mullin.</u>	No.
14755	The <u>Clerk.</u>	Mr. Mullin votes no.
14756	Mr. Hudson?	
14757	Mr. <u>Hudson.</u>	No.
14758	The <u>Clerk.</u>	Mr. Hudson votes no.
14759	Mr. Collins?	
14760	[No response.]	
14761	The <u>Clerk.</u>	Mr. Cramer?
14762	Mr. <u>Cramer.</u>	No.
14763	The <u>Clerk.</u>	Mr. Cramer votes no.
14764	Mr. Walberg?	
14765	Mr. <u>Walberg</u>	No.

14766 The Clerk. Mr. Walberg votes no.  
14767 Mrs. Walters?  
14768 Mrs. Walters. No.  
14769 The Clerk. Mrs. Walters votes no.  
14770 Mr. Costello?  
14771 Mr. Costello. No.  
14772 The Clerk. Mr. Costello votes no.  
14773 Mr. Carter?  
14774 Mr. Carter. No.  
14775 The Clerk. Mr. Carter votes no.  
14776 Mr. Pallone?  
14777 Mr. Pallone. Aye.  
14778 The Clerk. Mr. Pallone votes aye.  
14779 Mr. Rush?  
14780 [No response.]  
14781 The Clerk. Ms. Eshoo?  
14782 Ms. Eshoo. Aye.  
14783 The Clerk. Ms. Eshoo votes aye.  
14784 Mr. Engel?  
14785 Mr. Engel. Aye.  
14786 The Clerk. Mr. Engel votes aye.  
14787 Mr. Green?  
14788 Mr. Green. Aye.

14789 The Clerk. Mr. Green votes aye.

14790 Ms. DeGette?

14791 Ms. DeGette. Aye.

14792 The Clerk. Ms. DeGette votes aye.

14793 Mr. Doyle?

14794 Mr. Doyle. Yes.

14795 The Clerk. Mr. Doyle votes aye.

14796 Ms. Schakowsky?

14797 Ms. Schakowsky. Aye.

14798 The Clerk. Ms. Schakowsky votes aye.

14799 Mr. Butterfield?

14800 Mr. Butterfield. Aye.

14801 The Clerk. Mr. Butterfield votes ayes.

14802 Ms. Matsui?

14803 Ms. Matsui. Aye.

14804 The Clerk. Ms. Matsui votes aye.

14805 Ms. Castor?

14806 Ms. Castor. Aye.

14807 The Clerk. Ms. Castor votes aye.

14808 Mr. Sarbanes?

14809 Mr. Sarbanes. Aye.

14810 The Clerk. Mr. Sarbanes votes aye.

14811 Mr. McNerney?

14812 Mr. McNerney. Aye.

14813 The Clerk. Mr. McNerney votes aye.

14814 Mr. Welch?

14815 Mr. Welch. Aye.

14816 The Clerk. Mr. Welch votes aye.

14817 Mr. Lujan?

14818 Mr. Lujan. Aye.

14819 The Clerk. Mr. Lujan votes aye.

14820 Mr. Tonko?

14821 Mr. Tonko. Aye.

14822 The Clerk. Mr. Tonko votes aye.

14823 Ms. Clarke?

14824 Ms. Clarke. Aye.

14825 The Clerk. Ms. Clarke votes aye.

14826 Mr. Loeb sack?

14827 Mr. Loeb sack. Aye.

14828 The Clerk. Mr. Loeb sack votes aye.

14829 Mr. Schrader?

14830 Mr. Schrader. Aye.

14831 The Clerk. Mr. Schrader votes aye.

14832 Mr. Kennedy?

14833 Mr. Kennedy. Aye.

14834 The Clerk. Mr. Kennedy votes aye.

14835 Mr. Cardenas?

14836 Mr. Cardenas. Aye.

14837 The Clerk. Mr. Cardenas votes aye.

14838 Mr. Ruiz?

14839 Mr. Ruiz. Aye.

14840 The Clerk. Mr. Ruiz votes aye.

14841 Mr. Peters?

14842 Mr. Peters. Aye.

14843 The Clerk. Mr. Peters votes aye.

14844 Ms. Dingell?

14845 Mrs. Dingell. Aye.

14846 The Clerk. Ms. Dingell votes aye.

14847 Chairman Walden?

14848 The Chairman. Walden votes no.

14849 The Clerk. Chairman Walden votes no.

14850 The Chairman. [presiding.] Are there other members

14851 wishing to be recorded?

14852 Mr. Barton?

14853 Mr. Barton. No.

14854 The Clerk. Mr. Barton votes no.

14855 The Chairman. Mr. Collins?

14856 Mr. Collins. No.

14857 The Clerk. Mr. Collins votes no.

14858 The Chairman. Mr. Murphy?

14859 Mr. Murphy. No.

14860 The Clerk. Mr. Murphy votes no.

14861 The Chairman. Are there any members on this side?

14862 Okay. Any other members wishing to be recorded?

14863 Seeing none, the clerk will report the tally.

14864 The Clerk. Mr. Chairman, on that vote there were 23

14865 ayes and 31 noes.

14866 The Chairman. Twenty-three ayes, 31 noes, the amendment

14867 is not adopted.

14868 Are there other amendments to come before the committee?

14869 Are there other amendments on this side?

14870 If not, then, you want me to go to Ms. Eshoo? All

14871 right. Ms. Eshoo, for what purpose is the gentlelady from

14872 California seeking recognition?

14873 Ms. Eshoo. I have an amendment at the desk, Mr.

14874 Chairman?

14875 The Chairman. And you could describe your amendment,

14876 Ms. Eshoo, for our clerks?

14877 Ms. Eshoo. Yes. It is an amendment on clarifying

14878 specific language in the bill on the consumer protections --

14879 The Chairman. Do you know the number of that?

14880 Ms. Eshoo. I don't. I think it is, let's see --

14881           The Chairman. Do you have a copy? Does your staff have  
14882 a copy of --

14883           Ms. Eshoo. Did they give us a number?

14884           The Chairman. It will just help our clerks identify it.

14885           Do you want to ask? Go ahead and use the microphone  
14886 there. We just want to make sure everybody has got the right  
14887 amendment.

14888           The Clerk. For the title, is it SU\_06 at the top?

14889           The Chairman. Yes, that appears to be it.

14890           Okay. The clerks will distribute the amendment, and the  
14891 clerk will report the amendment.

14892           The Clerk. "Amendment to the amendment in the nature of  
14893 a substitute to the Committee Print."

14894           The Chairman. Without objection, the amendment is  
14895 presumed read.

14896           [The amendment of Ms. Eshoo follows:]

14897

14898           \*\*\*\*\*INSERT 24\*\*\*\*\*

14899           The Chairman. And I recognize the gentlelady from  
14900 California, Ms. Eshoo, to speak on her amendment.

14901           Ms. Eshoo. Thank you, Mr. Chairman.

14902           Earlier today you questioned the counsel -- or it was  
14903 yesterday now -- and you clarified what the bill does not do.  
14904 This amendment is really rather simple because implicit in  
14905 the bill, when the chairman went through what the bill does  
14906 not do, I think that language really should be in the bill.

14907           So, the text of this bill, because it doesn't contain  
14908 the specific language of the key consumer protections,  
14909 allowing children to stay on their parents' insurance until  
14910 they are 26, preventing insurance companies from  
14911 discriminating against people with preexisting conditions,  
14912 prohibiting insurance companies from discriminating against  
14913 women by charging them more for their policies, and removing  
14914 the caps on lifetime limits.

14915           So, this amendment makes clear that these policies  
14916 actually be included in the text of the bill. Importantly,  
14917 these protections are part of every insurance plan, whether  
14918 it is a health insurance coverage plan through an employer,  
14919 purchased through an exchange, or if a person is enrolled in  
14920 Medicaid.

14921           And I think that we have real bipartisan agreement on

14922 this because we recognize how effective these policies have  
14923 been. Twenty-three million young adults were able to stay on  
14924 their parents' insurance until they turned 26; 52.2 million  
14925 Americans with preexisting conditions no longer risk being  
14926 dropped by their insurance company, and they are not charged  
14927 more for this type of coverage; 105 million Americans no  
14928 longer have lifetime limits on their health insurance plans.  
14929 So, these are really stunning results, and I think that they  
14930 all say win, win, win, win, if we check off each one.

14931 So, when we passed the Affordable Care Act, these  
14932 critical reforms really were transformational for millions of  
14933 Americans. And no longer could an insurance company drop  
14934 their coverage. This is something that has been wildly  
14935 popular, embraced by the American people. They see the  
14936 fairness in it, and they understand the difference that it  
14937 has made in their lives.

14938 Mr. Chairman, I don't think the committee is in order.

14939 The Chairman. The gentlelady is right. The members,  
14940 please hold down your conversations, so that the gentlelady  
14941 can be heard by all the committee members on this important  
14942 amendment.

14943 Ms. Eshoo. Thank you.

14944 The Chairman. Thank you. The gentlelady may proceed.

14945 Ms. Eshoo. Thank you. I appreciate it.

14946 So, my amendment is really very simple. And that is  
14947 that this language actually be in the text of the bill. I  
14948 think it is important that that be the case. Both sides  
14949 support these reforms and embrace them, and the American  
14950 people certainly do. And I think that language should be in  
14951 the bill.

14952 So, if there is someone that would like to use the rest  
14953 of my time, I would be happy yield it. If not, I will yield  
14954 back. Anyone want the time? Okay. I yield to you.

14955 Ms. Schakowsky. Thank you.

14956 You know, all day, or how many hours we have been here  
14957 now, we have heard from the majority side that the things  
14958 that are enumerated in this amendment are the things that you  
14959 like and you want to keep, and are actually in the bill. And  
14960 so, I think that we ought to just adopt this language since I  
14961 have heard no objection, quite the contrary, from people on  
14962 the majority side that these are the things that you want in  
14963 the new healthcare bill. And so, I would certainly urge all  
14964 my colleagues to kind of put your vote where your rhetoric  
14965 has been all day, and I hope that it was sincere and that we  
14966 can all agree on this.

14967 And I yield back.

14968 The Chairman. The gentlelady yields back. I believe  
14969 the gentlelady's time has expired. She yields back as well.

14970 The Chair recognizes the former chairman of the full  
14971 committee, the gentleman from Michigan, Mr. Upton.

14972 Mr. Upton. The great State of Michigan.

14973 The Chairman. The great State of Michigan.

14974 Mr. Upton. Thank you, Mr. Chairman.

14975 Strike the last word.

14976 You know, as I look at this amendment, I mean, we have  
14977 made the point over and over for the last 16 hours that, in  
14978 fact, we have supported these certain provisions: protecting  
14979 individuals with preexisting conditions; protecting women's  
14980 access to health care; protecting dependents' access to  
14981 health insurance, kids under 26, and ensuring that there are  
14982 no lifetime caps.

14983 And I know you asked the counsel earlier the very  
14984 specifics of that. So, let me just ask again to the counsel,  
14985 does this language end the ban on lifetime or annual limits?

14986 Counsel. Mr. Upton, are you referencing the underlying  
14987 bill?

14988 Mr. Upton. Yes.

14989 Counsel. No.

14990 Mr. Upton. And where can that be found in the law?

14991 Counsel. Section 2711 of the Public Health Service Act.

14992 Mr. Upton. And does the language end the prohibition of  
14993 preexisting condition exclusions or other discrimination  
14994 based on health status?

14995 Counsel. No.

14996 Mr. Upton. And where can that be found in the law?

14997 Counsel. Section 2704 of the Public Health Service Act.

14998 Mr. Upton. And does the language in the underlying bill  
14999 end the practice of dependents staying on their parents'  
15000 plans until they are 26?

15001 Counsel. No.

15002 Mr. Upton. And where can that be found in the law?

15003 Counsel. Section 2714 of the Public Health Service Act.

15004 Mr. Upton. And does the language end the ban on gender  
15005 rating, meaning that we would go back to a situation where  
15006 insurance companies could charge women more than men?

15007 Counsel. No.

15008 Mr. Upton. And what section is that in?

15009 Counsel. That is Section 2701 of the Public Health  
15010 Service Act.

15011 Mr. Upton. So, in essence, the point that we have been  
15012 making yesterday and now today is that these provisions are  
15013 accounted for because they are not omitted in the bill that

15014 we have introduced. And I would urge my colleagues, then, to  
15015 oppose the amendment as we don't need it.

15016 Ms. Eshoo. Will the gentleman yield?

15017 Mr. Upton. I am glad to yield to my friend.

15018 Ms. Eshoo. I don't understand something here. You are  
15019 for it. It is not in the bill. It is referenced somewhere  
15020 else. The amendment puts the language that we all support  
15021 directly into the bill. Why is there -- I don't understand  
15022 the reaction to this.

15023 Mr. Upton. Reclaiming my time, it is redundant. We  
15024 have made the point, and not only in the debate time on our  
15025 side, but, as the counsel reiterated, it is we are clear,  
15026 free and clear. It is in the law. That part of the law is  
15027 not being changed.

15028 Mr. Cardenas. Will the gentleman yield?

15029 Mr. Upton. Who is asking for time?

15030 Mr. Cardenas. Cardenas.

15031 Mr. Upton. Yes. I am sorry. It sounded a lot like Mr.  
15032 Cramer.

15033 Mr. Cardenas. Yes, thank you, Congressman Upton.

15034 A question of counsel. You have answered in direct  
15035 reference to certain sections, but in the substitute to the  
15036 substitute amendment that was introduced by the Republicans

15037 yesterday -- I almost said today -- yesterday in this  
15038 committee, is it in any way allowed by, for example, states  
15039 to relax and/or not comply with prior law once this law takes  
15040 effect, due to the cross-referencing of the various sections  
15041 and the multitude of ways in which this bill refers to giving  
15042 flexibility to states?

15043 Counsel. Mr. Cardenas, do you have a question about a  
15044 specific provision or requirement of current law?

15045 Mr. Cardenas. Well, okay, let me be more specific. Is  
15046 there anything in the bill that I just referenced that would  
15047 allow states to not comply with the law that Ms. -- excuse me  
15048 -- that Mr. Upton just asked you to help clarify?

15049 Counsel. So, we just talked about the ban on lifetime  
15050 and annual limits, dependent coverage, the provisions related  
15051 to preexisting conditions, both bans on exclusions and  
15052 rating, and gender rating. And the underlying bill before  
15053 the committee does not alter current law as it relates to  
15054 those provisions.

15055 Mr. Cardenas. But there is a difference between  
15056 altering and allowing another level of government the  
15057 flexibility to not comply with previous law if we give them  
15058 that authority by default of, for example, giving them  
15059 resources to interpret their own method of implementation.

15060 Because that is part of what this bill does, isn't it? My  
15061 Republican colleagues kept referring to flexibility in their  
15062 bill, in this amendment to the amendment, flexibility to  
15063 states.

15064 Counsel. Sir, I believe there was earlier conversation  
15065 regarding flexibility of the states regarding age rating, for  
15066 example. That provision of the Affordable Care Act is  
15067 altered by the underlying bill as it relates to age rating  
15068 and the middle tiers, which is Section 13(o)(b) of the  
15069 essential health benefits. So, those provisions are altered.

15070 The provisions referenced by Mr. Upton are not altered  
15071 by the underlying bill. So, this bill would not alter the  
15072 requirements as it relates to annual lifetime caps, would not  
15073 alter the requirements as it relates to dependent coverage;  
15074 would not alter the provisions related to preexisting  
15075 conditions, and would not alter the provisions as it relates  
15076 to rating as it relates to preexisting conditions.

15077 The Chairman. The gentleman's time has expired.

15078 Mr. Cardenas. Thank you, former chairman.

15079 Mr. Upton. I yield back.

15080 Mr. Cardenas. Thank you.

15081 The Chairman. Other members seeking recognition?

15082 The Chair recognizes the gentleman from New York, Mr.

15083 Engel, for 5 minutes to speak on the amendment.

15084 Mr. Engel. Thank you, Mr. Chairman.

15085 I move to strike the last word.

15086 I support this amendment to preserve the ACA's  
15087 protections. And let's talk about one of those protections.  
15088 The ACA created new safeguards for the 129 million Americans  
15089 living with preexisting conditions. Before the ACA, these  
15090 Americans could be denied coverage or charged more just  
15091 because of their health status.

15092 My Republican colleagues claim their bill will maintain  
15093 those protections. Let's examine that. The bill would bar  
15094 insurance companies from denying coverage or charging more  
15095 because of a preexisting condition, but their bill would also  
15096 allow insurers to charge you a major penalty, 30 percent of  
15097 your premium, if you do not maintain continuous coverage.  
15098 This has direct implications for Americans with preexisting  
15099 conditions.

15100 Allow me to read from a letter authored by a number of  
15101 organizations representing Americans with chronic illnesses,  
15102 including the American Cancer Society, the Cancer Action  
15103 Network, the American Diabetes Association, the American  
15104 Heart Association, and others.

15105 And I quote, "Most people lose coverage because they

15106 cannot afford it, a problem faced more frequently by those  
15107 who cannot work due to illness." Unquote.

15108 So, if you are forced to leave your job and forego your  
15109 health coverage because you have a serious illness, this bill  
15110 makes it okay to charge you more. Now maybe my friends on  
15111 the other side of the aisle consider that protecting people  
15112 with preexisting conditions, but I don't. I consider that a  
15113 sick act.

15114 This is just one of the ways that this bill fails to  
15115 live up to the Affordable Care Act. I could go into  
15116 additional ways, but we only have a few minutes here.

15117 Since this bill was introduced, I have heard my friends  
15118 on the other side tout its low page count, as though somehow  
15119 less pages automatically means better policy. In a way,  
15120 though, they are making a shrewd point. Their bill is less -  
15121 - less protection, less care, less for the American people.

15122 So, I urge my colleagues to support this amendment and  
15123 ensure that the protections they have touted within the ACA  
15124 stay in place.

15125 Is there anybody that wants time?

15126 Then, I yield back.

15127 The Chairman. The gentleman yields back the balance of  
15128 his time.

15129 Are other members seeking recognition on this amendment?

15130 On the Republican side, anybody seeking recognition? Then,

15131 we will go to, I guess the next up, the gentleman from New

15132 York, Mr. Tonko, is recognized to speak on the amendment.

15133 Mr. Tonko. Thank you, Mr. Chair.

15134 Right. I move to strike the last word.

15135 I rise in support of this amendment by Ms. Eshoo on

15136 behalf of all of the constituents in my district who have

15137 benefitted from the Affordable Care Act that provides for

15138 greater support in the bill and greater clarification.

15139 One of the families in my district who wishes to remain

15140 anonymous shared their story with me. I would like to share

15141 it with the committee.

15142 "Our daughter was diagnosed with type 1 diabetes at age

15143 13. We didn't know there were diabetes in the family and

15144 were completely blindsided when she got diagnosed. She has

15145 shown a lot of integrity and character since the age of onset

15146 to fulfill what is required of a child with diabetes and went

15147 the extra step of joining with other people to be part of a

15148 mutual support group for people with diabetes. When she was

15149 14 or 15, she volunteered at the Sugar-Free Gang Camp for

15150 Children with Diabetes.

15151 My daughter's story is one of tremendous courage. She

15152 took on all kinds of jobs to make ends meet. She was working  
15153 two part-time jobs, neither of which provided health  
15154 insurance. Once she turned 26, we couldn't help her with  
15155 insurance anymore, and that was enormously frustrating and  
15156 scary.

15157 When you have type 1 diabetes, you rely on a lot of  
15158 supplies like insulin and test strips. At one point, the  
15159 company responsible for the supplies stopped sending them  
15160 because there was a standoff over reimbursement with the  
15161 health management company.

15162 She connected with a lot of people with diabetes, and  
15163 through that network, was able to cobble together what she  
15164 needed to get through the week without coverage. But there  
15165 is nothing better than having full care.

15166 Through the Affordable Care Act, she receives health  
15167 care that allows her to get the insulin, the pump supplies,  
15168 and test strips that she needs to manage her diabetes on a  
15169 regular basis. She also can get regular appointments with  
15170 her diabetes doctor. Without this health insurance, she  
15171 would be very sick."

15172 And so, this amendment I believe is very meaningful to  
15173 people like this family, my constituents, who have written  
15174 about support for the ACA.

15175 And with that, Mr. Chair, I yield back.

15176 The Chairman. The gentleman yields back the balance of  
15177 his -- anyone like the time?

15178 Mr. Tonko. I will yield to the gentleman from  
15179 California.

15180 The Chairman. The gentleman from New York controls the  
15181 time.

15182 Mr. McNerney. Okay. Mr. Chairman, I have seen an  
15183 interesting evolution in today's debate. This morning we  
15184 were testy. We were getting on each other's nerves. And we  
15185 have evolved into actually talking about interesting things.  
15186 So, I am really glad to see that.

15187 Now each side clearly believes its own rhetoric and its  
15188 own stories. Our side feels affronted because we stuck our  
15189 necks out there with the ACA and we took a political beating.  
15190 So, we are a little sore about that, I can tell you.

15191 But both sides want a good healthcare system. We want  
15192 access and we want quality care. We hear your side feels  
15193 that the market is the solution. But I can tell you, health  
15194 care is not like buying a car. When your car dies, you go  
15195 get a new car. When your body dies, no. So, you want the  
15196 best possible care you can possibly afford. It distorts the  
15197 actual market.

15198           So, health care is expensive. Technology is expensive.  
15199           Hospitals are expensive. Providers need to be paid. I mean,  
15200           these guys took out loans in medical school. The end of life  
15201           can be very, very expensive.

15202           If we want a good healthcare system that provides  
15203           quality care for all at a minimum cost, then we need to work  
15204           on a bipartisan basis and be willing to make fundamental  
15205           changes. I haven't seen that here today. It is clear on our  
15206           side that your plan will not accomplish what you are  
15207           claiming, and we are going to fight it tooth and nail.

15208           Mr. Chairman, withdraw this plan and let's go to work on  
15209           something that will actually work.

15210           Thank you. I yield back.

15211           The Chairman. The gentleman yields back.

15212           Are there other members seeking recognition on this  
15213           amendment? Seeing none, the question now -- oh, sorry.

15214           Okay, the gentlelady from New York is recognized for 5  
15215           minutes to speak on the amendment.

15216           Ms. Clarke. Thank you, Mr. Chairman.

15217           I would like to yield some time to Ms. Eshoo.

15218           Ms. Eshoo. I thank the gentlewoman from New York.

15219           I just have a question that I would like to ask the  
15220           counsel. Would it lead to some unintended consequence that

15221 you are trying to avoid -- or maybe I should ask the chairman  
15222 that. Because I am surprised about this, and maybe it is the  
15223 chairman that I should be asking.

15224 The Chairman. Are you yielding to me?

15225 Ms. Eshoo. Yes.

15226 The Chairman. Yes, it is probably better to me than the  
15227 clerks or the counsel. They can talk about --

15228 Ms. Eshoo. Right, right.

15229 The Chairman. -- the policy behind it.

15230 This is already in law, and we see no reason to be  
15231 redundant in law. And it creates, potentially it creates  
15232 confusion. And so, I think we could agree, based on what the  
15233 counsel has said, that this is redundant and adding it in  
15234 here may create some confusion. So, that is all.

15235 Because we have established agreement that these things  
15236 are already protected in law. We do not repeal these things  
15237 in law. So, we see no reason to pass an amendment to this  
15238 bill on that.

15239 Ms. Eshoo. But there isn't anything -- just reclaiming  
15240 my time --

15241 The Chairman. Sure.

15242 Ms. Eshoo. There isn't anything in the text that  
15243 references the other parts of the law. At least I didn't see

15244 it. That is why I did the amendment.

15245 I am not so familiar with the bill being written this  
15246 way, that you are for something, but it is not in it. And  
15247 there isn't any reference to the law where it may rest  
15248 elsewhere in, you know, in the land of laws.

15249 The Chairman. Wherever the land of laws is.

15250 Ms. Eshoo. The land of laws.

15251 The Chairman. Did you want to yield to me on that?

15252 Ms. Eshoo. Sure.

15253 The Chairman. Okay. So, the point is, there is a whole  
15254 body of law that we are not touching. We don't reference all  
15255 of those things, either.

15256 So, generally, when you are legislating, as you well  
15257 know, you legislate and make changes where you are making  
15258 changes. Where you are not making changes you don't go  
15259 through the bill and say we are not touching the other 5,000  
15260 pages of whatever law, and we don't pass an amendment usually  
15261 to say we are not doing anything in those areas.

15262 What you do, or what I am familiar with in legislating,  
15263 is where you are changing, you change. And that is what we  
15264 are doing. What you are leaving alone you are silent on.  
15265 And that is what we did.

15266 Ms. Eshoo. I will yield back.

15267 And I would like a roll call vote, Mr. --

15268 Ms. Clarke. Yes, Mr. Chairman, I yield back the balance

15269 of my time.

15270 The Chairman. Okay. That is what I was looking for.

15271 Ms. Eshoo. And I thank the gentlelady for the time.

15272 The Chairman. The gentleladies yield back their time.

15273 And seeing no one else wishing to speak on the matter,

15274 we will do a roll call vote.

15275 Those in favor of the amendment will vote aye; those

15276 opposed will vote nay.

15277 The clerk will call the roll.

15278 The Clerk. Mr. Barton?

15279 Mr. Barton. No.

15280 The Clerk. Mr. Barton votes no.

15281 Mr. Upton?

15282 Mr. Upton. No.

15283 The Clerk. Mr. Upton votes no.

15284 Mr. Shimkus?

15285 Mr. Shimkus. No.

15286 The Clerk. Mr. Shimkus votes no.

15287 Mr. Murphy?

15288 [No response.]

15289 The Clerk. Mr. Burgess?

15290 Mr. Burgess. No.

15291 The Clerk. Mr. Burgess votes no.

15292 Mrs. Blackburn?

15293 [No response.]

15294 The Clerk. Mr. Scalise?

15295 Mr. Scalise. No.

15296 The Clerk. Mr. Scalise votes no.

15297 Mr. Latta?

15298 Mr. Latta. No.

15299 The Clerk. Mr. Latta votes no.

15300 Mrs. McMorris Rodgers?

15301 [No response.]

15302 The Clerk. Mr. Harper?

15303 Mr. Harper. No.

15304 The Clerk. Mr. Harper votes no.

15305 Mr. Lance?

15306 Mr. Lance. No.

15307 The Clerk. Mr. Lance votes no.

15308 Mr. Guthrie?

15309 Mr. Guthrie. No.

15310 The Clerk. Mr. Guthrie votes no.

15311 Mr. Olson?

15312 Mr. Olson. No.

15313 The Clerk. Mr. Olson votes no.

15314 Mr. McKinley?

15315 Mr. McKinley. No.

15316 The Clerk. Mr. McKinley votes no.

15317 Mr. Kinzinger?

15318 Mr. Kinzinger. No.

15319 The Clerk. Mr. Kinzinger votes no.

15320 Mr. Griffith?

15321 Mr. Griffith. No.

15322 The Clerk. Mr. Griffith votes no.

15323 Mr. Bilirakis?

15324 Mr. Bilirakis. No.

15325 The Clerk. Mr. Bilirakis votes no.

15326 Mr. Johnson?

15327 Mr. Johnson. No.

15328 The Clerk. Mr. Johnson votes no.

15329 Mr. Long?

15330 Mr. Long. No. The Clerk. Mr. Long votes no.

15331 Mr. Bucshon?

15332 Mr. Bucshon. No.

15333 The Clerk. Mr. Bucshon votes no.

15334 Mr. Flores?

15335 Mr. Flores. No.

15336	The <u>Clerk.</u>	Mr. Flores votes no.
15337	Mrs. Brooks?	
15338	Mrs. <u>Brooks.</u>	No.
15339	The <u>Clerk.</u>	Mrs. Brooks votes no.
15340	Mr. Mullin?	
15341	Mr. <u>Mullin.</u>	No.
15342	The <u>Clerk.</u>	Mr. Mullin votes no.
15343	Mr. Hudson?	
15344	Mr. <u>Hudson.</u>	No.
15345	The <u>Clerk.</u>	Mr. Hudson votes no.
15346	Mr. Collins?	
15347	Mr. <u>Collins.</u>	No.
15348	The <u>Clerk.</u>	Mr. Collins votes no.
15349	Mr. Cramer?	
15350	[No response.]	
15351	The <u>Clerk.</u>	Mr. Walberg?
15352	Mr. <u>Walberg.</u>	No.
15353	The <u>Clerk.</u>	Mr. Walberg votes no.
15354	Mrs. Walters?	
15355	Mrs. <u>Walters.</u>	No.
15356	The <u>Clerk.</u>	Mrs. Walters votes no.
15357	Mr. Costello?	
15358	Mr. <u>Costello.</u>	No.

15359 The Clerk. Mr. Costello votes no.  
15360 Mr. Carter?  
15361 Mr. Carter. No.  
15362 The Clerk. Mr. Carter votes no.  
15363 Mr. Pallone?  
15364 Mr. Pallone. Aye.  
15365 The Clerk. Mr. Pallone votes aye.  
15366 Mr. Rush?  
15367 [No response.]  
15368 The Clerk. Ms. Eshoo?  
15369 Ms. Eshoo. Aye.  
15370 The Clerk. Ms. Eshoo votes aye.  
15371 Mr. Engel?  
15372 Mr. Engel. Aye.  
15373 The Clerk. Mr. Engel votes aye.  
15374 Mr. Green?  
15375 Mr. Green. Aye.  
15376 The Clerk. Mr. Green votes aye.  
15377 Ms. DeGette?  
15378 Ms. DeGette. Aye.  
15379 The Clerk. Ms. DeGette votes aye.  
15380 Mr. Doyle?  
15381 Mr. Doyle. Yes.

15382 The Clerk. Mr. Doyle votes aye.

15383 Ms. Schakowsky?

15384 Ms. Schakowsky. Aye.

15385 The Clerk. Ms. Schakowsky votes aye.

15386 Mr. Butterfield?

15387 Mr. Butterfield. Aye.

15388 The Clerk. Mr. Butterfield votes ayes.

15389 Ms. Matsui?

15390 Ms. Matsui. Aye.

15391 The Clerk. Ms. Matsui votes aye.

15392 Ms. Castor?

15393 Ms. Castor. Aye.

15394 The Clerk. Ms. Castor votes aye.

15395 Mr. Sarbanes?

15396 Mr. Sarbanes. Aye.

15397 The Clerk. Mr. Sarbanes votes aye.

15398 Mr. McNerney?

15399 Mr. McNerney. Aye.

15400 The Clerk. Mr. McNerney votes aye.

15401 Mr. Welch?

15402 Mr. Welch. Aye.

15403 The Clerk. Mr. Welch votes aye.

15404 Mr. Lujan?

15405 Mr. Lujan. Aye.  
15406 The Clerk. Mr. Lujan votes aye.  
15407 Mr. Tonko?  
15408 Mr. Tonko. Aye.  
15409 The Clerk. Mr. Tonko votes aye.  
15410 Ms. Clarke?  
15411 Ms. Clarke. Aye.  
15412 The Clerk. Ms. Clarke votes aye.  
15413 Mr. Loeb sack?  
15414 Mr. Loeb sack. Aye.  
15415 The Clerk. Mr. Loeb sack votes aye.  
15416 Mr. Schrader?  
15417 Mr. Schrader. Aye.  
15418 The Clerk. Mr. Schrader votes aye.  
15419 Mr. Kennedy?  
15420 Mr. Kennedy. Aye.  
15421 The Clerk. Mr. Kennedy votes aye.  
15422 Mr. Cardenas?  
15423 Mr. Cardenas. Aye.  
15424 The Clerk. Mr. Cardenas votes aye.  
15425 Mr. Ruiz?  
15426 Mr. Ruiz. Aye.  
15427 The Clerk. Mr. Ruiz votes aye.

15428 Mr. Peters?

15429 [No response.]

15430 The Clerk. Ms. Dingell?

15431 Mrs. Dingell. Aye.

15432 The Clerk. Ms. Dingell votes aye.

15433 Chairman Walden?

15434 The Chairman. Chairman Walden votes no.

15435 The Clerk. Chairman Walden votes no.

15436 The Chairman. And we do have some members headed back.

15437 Let's see, so, Ms. McMorris Rodgers, have you voted?

15438 Mrs. McMorris Rodgers. I have not.

15439 The Chairman. How would you like to be recorded?

15440 Mrs. McMorris Rodgers. No.

15441 The Clerk. Mrs. McMorris Rodgers votes no.

15442 The Chairman. All right. Mr. Murphy?

15443 Mr. Murphy. No.

15444 The Clerk. Mr. Murphy votes no.

15445 The Chairman. Mr. Cramer?

15446 Mr. Cramer. No.

15447 The Clerk. Mr. Cramer votes no.

15448 The Chairman. Are there other members wishing to be

15449 recorded on either side?

15450 Oh, Mrs. Blackburn, how would you like to be recorded?

15451 Mrs. Blackburn. No

15452 The Chairman. No?

15453 The Clerk. Ms. Blackburn votes no.

15454 The Chairman. All right. The clerk will, seeing no

15455 other members wishing to be recorded, the clerk will report

15456 the tally.

15457 The Clerk. Mr. Chairman, on that vote there were 22

15458 ayes and 31 noes.

15459 The Chairman. Twenty-two ayes, 31 noes, the amendment

15460 is not adopted.

15461 All right. Any other amendments?

15462 The Chair recognizes the gentleman from New Jersey. For

15463 what purpose?

15464 Mr. Pallone. I have an amendment at the desk, Mr.

15465 Chairman. I think it is No. 97.

15466 The Chairman. Amendment No. 9-7, 97. We will let the

15467 clerks find the amendment.

15468 Mr. Pallone. Striking the Medicaid per-capita caps.

15469 The Chairman. Okay. The clerk will report the

15470 amendment.

15471 The Clerk. "Amendment to the amendment in the nature of

15472 a substitute to the Committee Print offered by Mr. Pallone."

15473 The Chairman. The reading of the amendment is dispensed

15474 with.

15475 [The amendment of Mr. Pallone follows:]

15476

15477 \*\*\*\*\*COMMITTEE INSERT 25\*\*\*\*\*

15478           The Chairman. And the Chair recognizes the gentleman  
15479 from New Jersey, Mr. Pallone, to speak on his amendment.

15480           Mr. Pallone. Thank you, Mr. Chairman.

15481           I offer this amendment to strike the cutting and  
15482 capping, the completely rationing of care -- and I stress  
15483 "rationing of care" -- for millions of Americans that depend  
15484 on Medicaid. The capping, in my opinion, is not about  
15485 improving health care; it is entirely budget-driven, and it  
15486 is as a result of the fact that the Republicans in this bill  
15487 repeal all the pay-fors, or most of the pay-fors, about \$600  
15488 billion worth of pay-fors, for the original Affordable Care  
15489 Act and, then, basically, leave very little money left, if  
15490 you will, to pay for Medicaid and the funding of Medicaid.

15491           I mentioned previously that, when I met with the  
15492 Governors Association, about a dozen or so governors last  
15493 week, most of whom are Republican actually, they were very  
15494 concerned about the loss of funding that would come from this  
15495 bill or something like this bill, because this bill hadn't  
15496 actually been out yet; and that they were expressing the  
15497 opinion that the likely outcome would be that a significant  
15498 amount of people who are on Medicaid now would be kicked off,  
15499 and that the second consequence would be that benefits or  
15500 services for those who remain on Medicaid would be

15501 significantly reduced if they did not receive federal  
15502 funding. It was not their view that they would likely be  
15503 able to make up for the funding with their own state funds.

15504 Now the key to this bill is Section 121, Per-Capita  
15505 Allotment for Medical Assistance. This fundamentally guts  
15506 the financial structure of the Medicaid program by limiting  
15507 federal payments to states, leaving states to decide whether  
15508 to raise taxes, cut payments to providers, reduce benefits,  
15509 or simply cut eligibility.

15510 I know that that there has been mention of the formula  
15511 for determining the cap earlier this evening, or this  
15512 morning, whatever. And that is set forth in 20 dense pages  
15513 of statutory text which I consider unbelievably complex. I  
15514 really don't think it is clear, regardless of the previous  
15515 discussion, how this cap is going to be calculated, when the  
15516 states will know what the cap is, how much will the states  
15517 lose if they breach, if it breaches the cap, and when we will  
15518 know exactly how much they lose.

15519 And this is why process matters. This is why regular  
15520 order matters. This is why hearings matter. And this is why  
15521 CBO estimates, which we don't have, obviously matter.  
15522 Without these, we are legislating in the dark.

15523 Since the results will put 77 million Americans and

15524 their providers and their states at risk, I think that this  
15525 is a reckless and irresponsible way to proceed. Again, we  
15526 have no CBO estimates. Last time that I checked, this was a  
15527 budget reconciliation bill. We have been instructed to  
15528 reduce the deficit by no less than \$1 billion for the period  
15529 fiscal year 2017 through fiscal year 2026. Does the bill  
15530 before us do that? How do we know? How do we know what it  
15531 does? I don't think we really do.

15532 But the unfortunate thing is that we are talking about  
15533 real people and real lives that matter and deserve our  
15534 comprehensive consideration, more than 76 billion Americans,  
15535 to be exact. And so, I think that, under the circumstances,  
15536 it really makes sense to eliminate this cap and the  
15537 unfortunate circumstances that would follow if we don't do  
15538 that.

15539 Again, I don't buy into the notion that Medicaid, not  
15540 only the expansion, but the continuation of Medicaid is  
15541 unsustainable; that we can't afford it. We are the richest  
15542 country in the world. When it comes to the Medicaid  
15543 provisions under the Affordable Care Act, the expanded  
15544 Medicaid, it actually was fully paid for when we passed the  
15545 bill and actually resulted in reducing the deficit.

15546 To me, the most severe budget aspect of this is the fact

15547 that, basically, the repeal awards the rich by dumping costs  
15548 on the poor and working families. This bill provides \$600  
15549 billion in tax cuts to the rich while leaving millions of  
15550 working families with higher costs and less coverage. That  
15551 is the Medicaid population that is going to be impacted.

15552 And I don't understand why we would want to repeal, in  
15553 particular, the payroll tax increase on the wealthiest  
15554 Americans, which currently amounts to 0.9 percent increase  
15555 for workers with annual incomes of more than \$200,000 and  
15556 couples with more than \$250,000. We are going to repeal and  
15557 give them a tax break at the same time that we are going to  
15558 jeopardize funding for the Medicaid population. That is very  
15559 unfortunate.

15560 The Chairman. The gentleman's time has --

15561 Mr. Pallone. I yield back.

15562 The Chairman. The gentleman's time has expired.

15563 Are there others seeking recognition on this?

15564 The Chair recognizes the gentleman from Kentucky, Mr.  
15565 Guthrie.

15566 Mr. Guthrie. Thank you, Mr. Chairman. I will be brief  
15567 because we did talk about this earlier.

15568 Remember, this is not a cut; this is dealing with the  
15569 growth in Medicaid. And this deals with traditional Medicaid

15570 as well as the expansion group. Matter of fact, the  
15571 expansion group will grow -- in this bill the expansion group  
15572 is frozen, but it will continue to be funded at the FMAP, at  
15573 the enhanced FMAP.

15574 So, what this does, and we said earlier, it has 2016 as  
15575 the base year where states will have that base-year number.  
15576 They will receive based on categories of elderly, children,  
15577 disabled, and adults, and anybody that is added onto to be  
15578 the expanded population after the freeze begins will go at  
15579 the traditional FMAP.

15580 So, what this does, it has a base year. The base year  
15581 grows at CPI medical, which we discussed earlier, and it will  
15582 also grow as people go in or will be decreased as people go  
15583 out of the program.

15584 And it is not a cut. It does try to get Medicaid on a  
15585 budget. We are going to spend over a trillion dollars  
15586 between state and federal in 2026. And this is a program to  
15587 get it sustainable.

15588 I can tell you, being from states and seeing what is  
15589 happening here with our deficit, we have to get it on a  
15590 budget and move it forward. I think this is a responsible  
15591 way to do it. It has been, I think, well-thought-out and  
15592 discussed with governors and other stakeholders. And I

15593 talked about it deeper earlier.

15594 So, I will, unless someone on my side wants some time --

15595 Mr. Upton. Will the gentleman yield?

15596 Mr. Guthrie. I will yield.

15597 Mr. Upton. You know, I know the gentleman from New

15598 Jersey mentioned that he had talked to some Republican

15599 governors that were opposed to the per-capita gap. I sat

15600 down with a number of our colleagues on this side of the

15601 aisle. It was -- I don't know -- maybe 12-15 Republican

15602 governors. And a majority of them were strongly in favor of

15603 the per-capita cap.

15604 In fact, as I talked to them in the last, some of them

15605 in the last couple of days, they were excited to know that

15606 the per-capita cap, in fact, made it into the bill versus a

15607 block grant because they know that a per-capita allotment

15608 ensures that a state will receive adequate federal resources

15609 to cover the cost of additional individuals. And if there is

15610 some downturn in that state's economy, they are going to be

15611 protected with a per-capita cap; whereas, they won't be if

15612 they have a simple block grant.

15613 So, the bottom line, from what we understand, is that it

15614 puts Medicaid on a sustainable budget with a per-capita

15615 allotment. It is going to make sure that the Medicaid focus

15616 is on the most vulnerable, and it is going to empower the  
15617 states with more flexibility than it would have had before.  
15618 And that is why the governors that I have talked to,  
15619 particularly my Michigan governor was excited that this was  
15620 in here.

15621 So, it is a good provision, and I would like to think  
15622 that all of us would support it and, therefore, oppose the  
15623 amendment, which would strike the per-capita cap.

15624 And I would also note that in the nineties, and provide  
15625 this for the record, a good number of very prominent  
15626 Democrats from Hillary Clinton to John Kerry, Harry Reid,  
15627 entered into the Senate record a strong letter of support of  
15628 per-capita cap allotment. And that is, frankly, where we  
15629 stole the idea from. And so, I will be glad to put that in,  
15630 get those documents and ask unanimous consent to put them in  
15631 the record --

15632 The Chairman. Without objection.

15633 Mr. Upton. -- to show that it has bipartisan support.

15634 [The information follows:]

15635

15636 \*\*\*\*\*COMMITTEE INSERT 26\*\*\*\*\*

15637 Mr. Upton. And I yield back to the gentleman from  
15638 Kentucky.

15639 Mr. Guthrie. Also, I had an op-ed that I have at the  
15640 desk that I would like to submit for the record.

15641 The Chairman. Without objection, I would be happy to  
15642 submit that into the record.

15643 [The information follows:]

15644

15645 \*\*\*\*\*COMMITTEE INSERT 27\*\*\*\*\*

15646 Mr. Bucshon. Will the gentleman yield his time.

15647 The Chairman. Oh, yes.

15648 Mr. Bucshon. I would just like to read part of that  
15649 letter, Mr. Chairman.

15650 Washington, DC, December 13th, 1995 letter to President  
15651 Clinton: "Mr. President, we are writing to express our  
15652 strong support for the Medicaid per-capita cap structure in  
15653 your seven-year budget. We are glad you agree with us that  
15654 we can balance the budget without undermining the health of  
15655 children, pregnant women, the disabled, and the elderly. We  
15656 were encouraged that your Medicaid proposal does not pit  
15657 Medicaid populations against one another in a fight over a  
15658 limited pot of federal resources. We commend you on the  
15659 courage you have to exercise in making these commitments to  
15660 Americans eligible for Medicaid. Your current proposal is  
15661 fair and reasonable, and it is consistent with what we have  
15662 advocated on the Senate Floor."

15663 I will just read a few key people who signed that: Ted  
15664 Kennedy, Tom Daschle, Patty Murray, Harry Reid, Dianne  
15665 Feinstein, John Kerry, Joe Biden, Russ Feingold, and a whole  
15666 laundry list of other Senate Democrats.

15667 I yield.

15668 Mr. Guthrie. I yield back.

15669 The Chairman. They all yield back.

15670 So now, we go top to bottom. So, we will recognize the  
15671 gentleman from New York, Mr. Engel, for 5 minutes to speak on  
15672 the amendment.

15673 Mr. Engel. Thank you, Mr. Chairman.

15674 I move to strike the last word.

15675 I urge my colleagues to support this amendment. My  
15676 friends on the other side of the aisle rarely pass up an  
15677 opportunity to peddle alternative facts about Medicaid. They  
15678 claim that its coverage is worthless, that it is  
15679 unsustainable. These claims are not too difficult to debunk.

15680 As for the quality of the program, access to care for  
15681 Medicaid enrollees is on par with those covered by employer-  
15682 sponsored insurance. And across the country, the vast  
15683 majority of Medicaid enrollees report having been satisfied  
15684 with their health care.

15685 As for charges that Medicaid spending is out of control,  
15686 Medicaid spending is lower than the spending growth rate of  
15687 Medicare and private insurance. Just look at my home State  
15688 of New York. Despite Republican charges that Medicaid is  
15689 inflexible, our State has dramatically revamped our program  
15690 to improve program integrity, provide better care for  
15691 patients, and save money. These efforts have avoided costs

15692 to the Medicaid program in excess of \$1.8 billion.

15693 The fact is Medicaid is a lifeline that more than 70  
15694 million Americans depend on. This bill would radically  
15695 restructure this lifeline and put those Americans at risk.

15696 Today the federal government pays a set percentage of  
15697 states' total Medicaid costs. It is set up and specifically  
15698 designed to expand and contract according to a state's need.  
15699 Under the GOP proposed per-capita cap system, the federal  
15700 government would only pay up to a fixed amount per  
15701 beneficiary, leaving the states responsible for all costs  
15702 above that arbitrary cap.

15703 That won't change if a state is faced with an epidemic  
15704 like the current opioid crisis. It won't change if there is  
15705 a sudden economic downturn. It won't change if there is a  
15706 natural disaster.

15707 No matter the scenario, the impact of per-capita caps is  
15708 the same. States are left holding the bag with no choice but  
15709 to ration Americans' care. They will need to cut benefits,  
15710 eligibility, or payments to providers to deal with these  
15711 Draconian cuts. So, we will have rationed care.

15712 There is no other way to put this. Medicaid is an  
15713 administratively lean program. There is no fat to cut.  
15714 There is no magic by which states can suddenly provide the

15715 same level of care, the same amount of people, with less  
15716 money.

15717 This isn't too complicated. It is simple common sense  
15718 and math. I don't think any Democrat on this committee has  
15719 been surprised by the Republicans' attacks and myths about  
15720 Medicaid, but I must say I am surprised and saddened that  
15721 they would use these myths to justify such an extreme  
15722 proposal.

15723 Capping Medicaid means capping care. Let me say that  
15724 again. Capping Medicaid means capping care.

15725 I strongly urge my colleagues to support this amendment,  
15726 and I will yield back the balance of my time, unless anybody  
15727 --

15728 Mr. Guthrie. Mr. Engel, would you yield so I can answer  
15729 one of the questions? Mr. Engel, would you yield?

15730 Mr. Engel. Sure, I would.

15731 Mr. Guthrie. You said it would affect a state if it had  
15732 an economic downturn. This is actually designed so that the  
15733 per-capita allotment, as people come into the system -- so,  
15734 the idea of this one, as opposed to just a straight block  
15735 grant, if you had an economic downturn and more people came  
15736 on the program, it would bring more federal money into your  
15737 program. I just wanted to clarify that. It is different

15738 than a straight block grant.

15739 Mr. Engel. Yes, well, Medicaid, the way it is now,  
15740 expands and contracts. So, what would be the purpose of  
15741 doing this?

15742 Mr. Guthrie. Well, this is per capita. So, as more  
15743 people -- you get a fixed number per person. But, as more  
15744 people come in, you would get more -- the base cap would  
15745 expand as people come into the program. Or, when you have an  
15746 economic growth, it would decrease because people would leave  
15747 the program.

15748 Mr. Schrader. Will the gentleman yield?

15749 Mr. Engel. Well, it still doesn't account for disasters  
15750 or if a new drug is put into effect. It makes it uncertain.

15751 I will yield. Who wants me to yield? Yes, Mr.  
15752 Schrader.

15753 Mr. Schrader. Just if I may, the problem with the plan  
15754 is, though, if you cycle off -- say you are at the 90-percent  
15755 level -- you cycle off for some reason; you get a job, and  
15756 you lose that job. You cycle back on; you don't get that 90  
15757 percent. So, it doesn't adjust the way it is supposed to  
15758 adjust --

15759 Mr. Guthrie. That is the freeze of the expanded  
15760 population.

15761 Mr. Schrader. If I may, the other piece that is going  
15762 on here is that enhanced match going forward goes away. So,  
15763 new people coming onto the system don't have that, which  
15764 means the providers aren't able to provide that service.  
15765 Every provider I talk to in my State provides that  
15766 personalized medicine service, as referred to earlier,  
15767 because they have that advanced match. They could do  
15768 housing. They could do transportation. They could make sure  
15769 the person is getting their medications. If the enhanced  
15770 match goes away, that all goes away; future healthcare costs  
15771 go through the roof.

15772 The Chairman. The gentleman's time has expired.

15773 I recognize the gentleman from Texas, Mr. Olson. Turn  
15774 on your microphone there, sir, and then, we can all hear you.

15775 Mr. Olson. I move to strike the last word, Mr.  
15776 Chairman.

15777 The Chairman. The gentleman is recognized.

15778 Mr. Olson. And my friends, this provision is a rescue  
15779 mission to save Medicaid and Medicaid expansion in Obamacare.  
15780 Here are the facts. These aren't just some myths.

15781 The GAO has designated Medicaid as a, quote, "high-risk  
15782 program". High risk means it is a high risk of fraud, waste,  
15783 abuse, mismanagement. It is the department in the most need

15784 of transformation.

15785 At the state level, on average, 25 percent of state  
15786 funds are taken up by Medicaid. In my home State of Texas,  
15787 that number is 30.1 percent.

15788 In Texas we started in 1967 with less than 1 million  
15789 beneficiaries. That cost us \$200 million per year. Right  
15790 now, we have over 4 million beneficiaries that cost us \$25.6  
15791 billion per year. Medicaid spending this year, \$587 billion.  
15792 Next year, total Medicaid spending will be larger than the  
15793 national defense budget. And every year Medicaid spending  
15794 will be \$1 trillion.

15795 This provision is necessary because right now we are at  
15796 risk of having the ability of the federal and state  
15797 governments to take care of the most needy who actually  
15798 benefit and rely on this program.

15799 A couple of other facts. The per-capita allotment does  
15800 not change the Medicaid rules regarding access to care.  
15801 General eligibility standards and pathways are maintained.  
15802 We still maintain the protections for the disabled, elderly,  
15803 and children. The FMAP is retained. We have the CHIP  
15804 retained. We have coordination, the changes in individual  
15805 markets, coordination efforts for individuals dually-enrolled  
15806 in Medicare and Medicaid, these are all retained in this

15807 bill.

15808           Importantly, the per-capita allotment is not a limit on  
15809 funding for an individual Medicaid beneficiary. This is the  
15810 aggregate limit calculated on a per-capita basis, on the  
15811 amount of federal Medicaid matching funds a state will  
15812 receive. Our plan also supports states receiving an optional  
15813 block grant for Medicaid waivers from CMS under a global  
15814 waiver.

15815           The bottom line: this provision puts Medicaid on a  
15816 sustainable budget with per-capita allotments that will  
15817 restore Medicaid's focus on the most vulnerable and empowers  
15818 states with new freedoms and flexibilities to run their  
15819 Medicaid program.

15820           And those are the facts.

15821           I yield back.

15822           The Chairman. The gentleman yields back the balance of  
15823 his time.

15824           Other members seeking --

15825           Mr. Burgess. Will the gentleman yield the balance of  
15826 his time to me?

15827           Mr. Olson. Absolutely. Yes, sir.

15828           The Chairman. All right.

15829           Mr. Burgess. I thank the gentleman for yielding.

15830 Mr. Chairman, I just wanted to point out in The New York  
15831 times from February 7th, 1997 -- and I am quoting here -- it  
15832 is an unsigned opinion page piece, writing in February of  
15833 1997. "The basic outlines of President Clinton's budget for  
15834 1998 were largely set the moment he made election year  
15835 concessions to the Republicans to balance the budget by the  
15836 year 2002."

15837 They go on to say, "The President offers an important  
15838 reform of Medicaid, proposing to control future spending by  
15839 placing a cap on the amount of federal spending per enrollee  
15840 and allowing states to place enrollees in managed care  
15841 without going through the frustrating process of begging for  
15842 Washington's approval."

15843 Mr. Chairman, this 1997 editorial is basically praising  
15844 the very program that we are considering today. It seemed to  
15845 be beneficial when President Clinton proposed it in 1997 in  
15846 his State of the Union address. I think it is reasonable  
15847 today.

15848 I thank the gentleman for yielding, and I yield back my  
15849 time.

15850 Mr. Olson. Yield back.

15851 The Chairman. The gentleman yields back.

15852 The Chair -- let's see, who is next up? It looks like

15853 Mr. Green from Texas is recognized for 5 minutes to strike  
15854 the last word.

15855 Mr. Green. I move to strike the last word, Mr.  
15856 Chairman.

15857 Per-capita caps is the latest drastic attempt to  
15858 seriously undermine Medicaid's ability to provide millions of  
15859 Americans with healthcare coverage. Although I have to  
15860 admit, Mike, I don't think you quote The New York Times very  
15861 often, even 1997.

15862 But, since its inception, Medicaid has been a strong  
15863 partnership between the states and the federal government.  
15864 The latest attack on the program threatens that partnership  
15865 by shifting costs onto the states, forcing arbitrary cuts in  
15866 healthcare benefits and coverage to seniors, pregnant women,  
15867 children, and the disabled, that will only increase over  
15868 time. It will inevitably lead to rationing.

15869 Now there was a time in 1995 -- and I assume in 1997 --  
15870 that during the Contract with America, both the House and  
15871 Senate passed a severe Medicaid block grant program that  
15872 would have decimated federal funding for Medicaid and heavily  
15873 shifted cost to the states. In that pitched battle that  
15874 ensued, and ultimately led to a government shutdown, the  
15875 Clinton administration and some Democrats developed a

15876 proposal for a per-capita cap as the lesser of two evils, in  
15877 order to stave off the enactment of Medicaid block grants.  
15878 It is the lesser of two evils, but they are both still evil.  
15879 And that wasn't adopted back then and it hasn't been since.

15880 Furthermore, at that time annual per-beneficiary cost  
15881 growth in the Medicaid program was considered by some to be a  
15882 serious problem. The annual growth rate was much higher in  
15883 the mid-1990s than it is now, due to part of the problem  
15884 which states "gaming the maximum Medicaid funding". And  
15885 whoever heard of states doing that? Such gaming, however,  
15886 has since been largely addressed through various more  
15887 responsible pieces of Medicaid legislation and regulations  
15888 over the past two decades.

15889 That is why this per capita is better than block grants,  
15890 but they are both bad because there is a partnership between  
15891 the federal government and the states. Over the last 15  
15892 years, states have made Medicaid extremely efficient by  
15893 expanding the use of managed care and by instituting a  
15894 variety of cost-containment strategies in areas like  
15895 prescription drug spending. States have also already made  
15896 substantial cuts to benefits and provider payments to close  
15897 budget deficits rising from the last two recessions. These  
15898 actions, as well as the overall slowdown in healthcare costs,

15899 have helped sharply lower the annual growth in Medicaid per  
15900 beneficiary. So, in fact, the cost per beneficiary for  
15901 Medicaid has also risen considerably more slowly than private  
15902 insurance premiums in recent years and are expected to grow  
15903 no faster than private insurance costs over the next 10  
15904 years.

15905 So, changing the system to per capita is a solution  
15906 looking for a problem because Medicaid is much leaner than it  
15907 was back in the 1990s. In short, support among some  
15908 Democrats for Medicaid per capita in 1995-1996 should be  
15909 viewed as a historical artifact without much relevance in the  
15910 coming budget debates. And that is why I support the  
15911 amendment of the ranking member.

15912 And I will yield the balance of my time to Dr. Ruiz.

15913 Mr. Ruiz. Thank you.

15914 I don't want to belabor the point. I have spoken about  
15915 this already.

15916 The per-capita block grant will not address the rising  
15917 healthcare costs, the unexpected costs of new and vital drugs  
15918 that go on the market, the unexpected costs of disasters like  
15919 Katrina or public health disasters like Flint. So, there is  
15920 no guarantee. There is no coverage for the actual rise in  
15921 healthcare costs that we are going to be seeing in the

15922 future. So, that means that there is going to be a coverage  
15923 gap because of those incidences, and that coverage gap will  
15924 be put on the burden -- that burden will be put on the  
15925 shoulders of working families, meaning less eligibility,  
15926 meaning more uninsured, less benefits, meaning they are not  
15927 going to get certain important services covered, meaning less  
15928 reimbursements to hospitals and providers, meaning that  
15929 patients will have fewer doctors and hospitals who accept  
15930 patients with Medicaid.

15931 The Chairman. Would the gentleman yield --

15932 Mr. Ruiz. Well, I am --

15933 The Chairman. -- because what he said I don't believe  
15934 is accurate, is relative to how this would work when it comes  
15935 to disasters. We don't understand how you get there.  
15936 Because if you had more people eligible, they go on --

15937 Mr. Green. Well, let me reclaim my time and --

15938 The Chairman. -- the regular FMAP. So, I just want to  
15939 --

15940 Mr. Green. And I am somewhat familiar with disasters  
15941 because, when Katrina hit New Orleans, you know, the State of  
15942 Texas --

15943 The Chairman. Right.

15944 Mr. Green. -- picked up a quarter of a million more,

15945 and a great number of --

15946 The Chairman. They would be eligible then.

15947 Mr. Green. -- Medicaid patients.

15948 The Chairman. They would be eligible under our plan.

15949 Mr. Green. Well, we had to take them in Texas, but we  
15950 ended up doing emergency funding. So, the State wouldn't for  
15951 the next few years -- but, if our Louisiana friends stayed  
15952 with us for two years, they became Texans. And you brought  
15953 your good gumbo with you, too.

15954 [Laughter.]

15955 I yield back my time.

15956 The Chairman. Oh, yes, the time has expired. The  
15957 gentleman yields back.

15958 Are there members on this side?

15959 The Chair recognizes the gentleman from Texas, Mr.  
15960 Barton, for 5 minutes to speak on the amendment.

15961 Mr. Barton. Well, thank you, Mr. Chairman.

15962 I think Mr. Guthrie has explained it very well. But I  
15963 think it is worth reiterating, this is one of the centerpiece  
15964 reforms of the bill before us. As currently configured,  
15965 Medicaid spending is increasing faster than the states or the  
15966 federal government can legitimately afford to pay for it.

15967 This is a reform. It is real. But it is not, you know,

15968 slash-to-the-bone reform. It is take the base year of 2016,  
15969 look at the medical component of the Consumer Price Index.  
15970 Use that. Look at the eligible population in each state.  
15971 Calculate a cap or an allotment for each state and, then,  
15972 move forward.

15973 And as Mr. Guthrie has pointed out, if a state has an  
15974 economy that is expanding and increasing jobs, there will be  
15975 less people eligible. And so, next year, because of that,  
15976 perhaps that state's allotment goes down. On the other hand,  
15977 if the state's economy is in recession and there are more  
15978 people on unemployment and the people that are eligible  
15979 increased, then, as I understand it, that state's allotment  
15980 the next year would go up. Is that not correct, Mr. Guthrie?

15981 Mr. Guthrie. That is correct. More people would be on,  
15982 would be eligible; therefore, the allotment per person would  
15983 increase.

15984 Mr. Barton. So, if you combine this with giving the  
15985 states more flexibility, if you eliminate some of the  
15986 mandates on how they have to spend their money, but make sure  
15987 that it does have to be spent on health care for low-income  
15988 people or the eligible population -- it can't be spent for  
15989 highway construction or things of that sort -- then you have  
15990 a program that can be budgeted and is in line with average

15991 economic increases in the economy as a whole. Is that not  
15992 correct, Mr. Guthrie?

15993 Mr. Guthrie. That is correct.

15994 Mr. Barton. I will be happy to yield.

15995 The Chairman. Happy to yield.

15996 I would like to ask our counsel, too, at some point  
15997 because this is really important because there is this  
15998 disagreement. We believe that our language says that, if  
15999 there is a disaster and you become eligible for Medicaid, you  
16000 can go on Medicaid and that you are covered, and the federal  
16001 government steps in at the FMAP rate and pays its fair share.  
16002 Is that accurate?

16003 Counsel. Yes, sir. So, if you are an individual that  
16004 is otherwise eligible for Medicaid --

16005 The Chairman. Right.

16006 Counsel. -- and then, the state would receive the  
16007 federal matching for the individual if they are otherwise  
16008 eligible --

16009 The Chairman. So, there is no delay? There is no wait?  
16010 If you are eligible, you go on?

16011 Counsel. Yes, sir.

16012 The Chairman. So, if you are --

16013 Counsel. It is the same quarterly system for the CMS-64

16014 payments they use today.

16015 Mr. Ruiz. Point of clarification. Can I ask a  
16016 question?

16017 The Chairman. It is Mr. Barton's time.

16018 Mr. Barton. I am happy to let --

16019 The Chairman. Yes?

16020 Mr. Barton. If it is a simple question that I can  
16021 answer.

16022 Mr. Ruiz. Yes, it is either you or staff.

16023 But, when there is a disaster or let's say a public  
16024 health catastrophe like the Flint lead poisoning, usually the  
16025 cost of care for those children isn't just the routine cost  
16026 of enrolling a patient or an adult on Medicaid. There is a  
16027 lot of more complex, more expensive therapies and modalities,  
16028 that you see an uptick and a surge which ultimately increases  
16029 healthcare costs for that state. So, that is what I am  
16030 referring to, not in terms of whether patients can enroll in  
16031 Medicaid. I am talking about the gravity and the complexity  
16032 of those patients --

16033 The Chairman. Right, but --

16034 Mr. Ruiz. -- and actually increased healthcare cost.

16035 Mr. Upton. If the gentleman will yield --

16036 The Chairman. It is Mr. Barton's time, just so you

16037 know.

16038 Mr. Upton. I am looking at my colleague from Michigan -

16039 -

16040 Mr. Barton. I yield to my friend from Michigan.

16041 Mr. Upton. -- Debbie Dingell, and Mr. Walberg is here,  
16042 too.

16043 As I recall in Flint, just to use that example, we  
16044 worked as delegation very quickly to, in fact, get those  
16045 children Medicaid assistance right away, once that disaster  
16046 declaration was made. Is that not correct?

16047 Mrs. Dingell. Yes, but the way that I would interpret  
16048 this, that you are now going to put a cap on that. It would  
16049 be a mandatory cap and we would not have access to those  
16050 dollars that we needed to have, and we didn't get it  
16051 immediately, just for the record.

16052 Mr. Upton. No, no. I mean, so it worked on Flint. If  
16053 the gentleman will continue to yield --

16054 Mr. Barton. Why not?

16055 Mr. Upton. -- it worked on Flint --

16056 Mr. Barton. I was on a roll.

16057 Mr. Upton. -- under the per-capita cap. Because it  
16058 is based on the number of enrollees, it will work again under  
16059 this as well.

16060 Mrs. Dingell. Okay. So, Flint hits again in 2019 and  
16061 now you have got the cap.

16062 The Chairman. Okay. Suspend for a moment. If you want  
16063 to continue this discussion, I am going to go to --

16064 Mr. Barton. Anyway, I think, Mr. Chairman, that this is  
16065 a good reform and we should maintain it.

16066 The Chairman. Yes, and it is a good discussion. I  
16067 would like to get to the end of --

16068 Mr. Barton. Is it the Pallone amendment that is  
16069 pending?

16070 The Chairman. Correct.

16071 Mr. Barton. I would oppose it.

16072 The Chairman. Now we go to Ms. Eshoo to strike the last  
16073 word.

16074 Ms. Eshoo. I move to strike the last word, Mr.  
16075 Chairman, and yield my time to the ranking member.

16076 Mr. Pallone. Thank you, Ms. Eshoo.

16077 I know I have sponsored the amendment. So, let me  
16078 explain briefly -- I don't think I will take up all the time  
16079 -- why I disagree with what my colleagues on the Republican  
16080 side are saying.

16081 Remember that right now Medicaid is an entitlement.

16082 Okay? I know they don't like that on the other side. But,

16083 basically, what it means is that states are getting the  
16084 reimbursement based on actual costs, right, whatever the cost  
16085 is? I mean, that is why they don't like it, because it is  
16086 open-ended. In other words, if the need is there and the  
16087 services are provided, that is the basis for the  
16088 reimbursement. And if that includes, you know, a natural  
16089 disaster or Flint, that gets included as well. That is the  
16090 way I understand it.

16091 Ms. Dingell is absolutely right. Once you put a cap on,  
16092 you are getting -- it is no longer an entitlement. You are  
16093 not basing it on the actual services and what had to be  
16094 provided, whether it is what happens on a day-to-day basis or  
16095 during a natural disaster, an emergency, whatever.

16096 And the concern I have with that is that, you know, when  
16097 you start having these arbitrary formulas, which I know they  
16098 are trying to explain, but I think it is still very much  
16099 unclear when you look at the language, you get caught up in  
16100 the same type of thing that you had like with the SGR. In  
16101 other words, SGR was a formula. Everybody thought, oh, that  
16102 was a wonderful thing, to reimburse the doctors. But, when  
16103 it actually started to take effect, after a while, we  
16104 realized that the doctors weren't going to get reimbursed for  
16105 what they actually had to do because their services were

16106 costing more than the SGR formula allowed. And so, Congress  
16107 had to go back on a regular basis, but you know how hard that  
16108 was, to fix it.

16109 Now, you know, we could say this cap creates problems  
16110 because it is not actually paying for actual services and,  
16111 therefore, you can't provide those services anymore and you  
16112 have to kick off, you know, people off of Medicaid. And the  
16113 governors come in and say, "Wait a minute. This cap doesn't  
16114 work because we have had to kick people off." We can't  
16115 provide the services that we provided in the past because  
16116 there is no longer an essential services requirement, right?

16117 And then, you have got to hope that you will come back  
16118 to Congress and we will correct it, the way we did the SGR.  
16119 But maybe we won't because they don't like it. They don't  
16120 like Medicaid very much, and it is for people that are not at  
16121 the higher end of the spectrum. I am not trying to say that  
16122 Republicans only care about the rich. But I would be worried  
16123 that, unlike the doctors, you know, they may not want to come  
16124 back and correct this very arbitrary formula, which after a  
16125 while may be not working.

16126 So, that is the danger here, and that is what some of  
16127 the governors expressed to me when we had our meeting,  
16128 because they are giving you all these machinations about how

16129 this formula is going to work, and it is going to work so  
16130 beautifully. I read this thing and it wasn't at all clear to  
16131 me. And I am very fearful that you have the same phenomena  
16132 as you did with the SGR, but now who knows whether it is ever  
16133 going to be corrected?

16134 Yes, I will to the gentlewoman from Florida.

16135 Ms. Castor. On this point, I think there is a little  
16136 bit of confusion. Remember, in Medicaid the federal match is  
16137 the FMAP, and that is what fluctuates at a time of disaster,  
16138 not the number of people who are coming onto Medicaid. It is  
16139 at the time of Katrina their FMAP went up. And then, when  
16140 economic times are good, the match goes down. And that is  
16141 what you lose. That is what you lose in the cap. You have  
16142 to dig into that FMAP.

16143 The Chairman. Would the gentlelady yield? Because I  
16144 think Counsel is telling us it is almost just --

16145 Mr. Pallone. It is actually my time.

16146 Ms. Castor. And I will yield back to Mr. Pallone.

16147 Mr. Pallone. And I will yield to the gentleman from  
16148 Maryland.

16149 Mr. Sarbanes. I thank the gentleman for yielding. Very  
16150 briefly, I think the analogy of the sustainable growth rate  
16151 formula is a good one. There is another analogy that I think

16152 is helpful and that is to the proposal that we have seen over  
16153 the last few years from Speaker Ryan to create a voucher  
16154 program for Medicare. Because what you are doing is,  
16155 conceptually, philosophically, you are moving from the idea  
16156 of the dependable reliable benefit. It can actually cover  
16157 the cost, reasonably cover the costs that are being incurred  
16158 to a capped situation that is the limit on what kind of  
16159 reimbursement and coverage is available, regardless of where  
16160 the actual costs fall. And it is the same concept as giving  
16161 a senior a voucher and saying beyond that voucher amount, the  
16162 senior is on their own in terms of having to cover the cost.  
16163 So we are seeing a consistency in the philosophy that is  
16164 being put forth here, which is limiting the kind of coverage  
16165 that is available for, in this instance, the Medicaid  
16166 population.

16167 I yield back.

16168 The Chairman. And the gentleman yields back. Time has  
16169 expired. Are there other members seeking recognition? I  
16170 recognize the gentleman from Illinois -- no it was here.

16171 Mr. Shimkus. I am just pointing that my friend and  
16172 colleague, Mr. Doyle is trying to get your attention.

16173 The Chairman. I know but it is our turn on this. Oh,  
16174 you did not seek recognition.

16175 Mr. Shimkus. I wasn't seeking.

16176 The Chairman. Oh, okay.

16177 Mr. Shimkus. I was just --

16178 The Chairman. Sorry about that. Let's look this way,  
16179 now. I recognize the gentleman from Pennsylvania, my friend  
16180 Mr. Doyle for 5 minutes to speak on the amendment.

16181 Mr. Doyle. Thank you, Mr. Chairman. I want to speak in  
16182 support of the amendment.

16183 I want to, again, quote from a letter I received from  
16184 Governor Tom Wolf, our governor in Pennsylvania. The  
16185 proposal you are considering in Congress would freeze  
16186 Medicaid enrollment for low-income adults without dependent  
16187 children beyond 2020 and convert Medicaid to a per capita  
16188 allotment using fiscal year 2016 as a base year with  
16189 sanctions for state-spending higher than their targeted  
16190 aggregate amount.

16191 If the amount of Federal funding for the expansion  
16192 population is reduced, Pennsylvania's Department of Human  
16193 Services estimates the cost of covering the more 700,000  
16194 individuals in the expansion population would be \$2 billion  
16195 annually, not considering any adjustment for cost increases  
16196 or inflation between now and 2020.

16197 In our current economic climate in Pennsylvania, this is

16198 simply not a cost the state can absorb. We will be forced to  
16199 ration care for our most vulnerable residents, pitting  
16200 seniors against individuals with disabilities, against sick  
16201 children, and a race for who is sicker and needs care more  
16202 immediately.

16203 Mr. Chairman, the Center on Budget and Policy Priorities  
16204 says the new House Republican health plan would shift an  
16205 estimated \$370 billion in Medicare costs to States over the  
16206 next 10 years, effectively ending the Affordable Care Act's  
16207 Medicaid expansion for 11 million people, while also harming  
16208 tens of millions of additional seniors, peoples with  
16209 disabilities, children and parents who rely on Medicaid  
16210 today.

16211 It goes on to say that because Medicaid costs per  
16212 beneficiary are expected to rise by about 0.2 percentage  
16213 points faster each year than the State's capped amounts,  
16214 States would get less Federal funding than under current law  
16215 with the cuts growing each year. We estimate that this  
16216 provision would cut Federal Medicaid spending by an  
16217 additional \$116 billion over the next decade on top of the  
16218 \$253 billion in cuts to the Medicaid expansion as described  
16219 above.

16220 Moreover, this estimate assumes State Medicaid costs

16221 will grow as the Congressional Budget Office now forecasts it  
16222 in the baseline. In reality, the cost shift to states under  
16223 a per capita cap would be much larger. That is because  
16224 States would be responsible for 100 percent of any cost in  
16225 excess of the per capita cap, whether due to unanticipated  
16226 health care cost growth or to demographic changes that a per  
16227 capita cap would account for.

16228 For example, States would be responsible for all costs  
16229 due to an epidemic, a new treatment, or higher costs to  
16230 seniors on Medicaid move from young-old age to old-old age  
16231 and have a much greater medical and long-term care needs and  
16232 costs. Converting Medicaid to a per capita cap would also  
16233 make the program highly vulnerable to more cuts in the future  
16234 if the President and Congress de-link Federal Medicaid  
16235 funding from the actual cost of providing health care to  
16236 vulnerable Americans. They, our future Federal policy  
16237 makers, could come back and ratchet down the already  
16238 arbitrary per beneficiary caps by, for example, lowering the  
16239 annual growth rate for the cap amounts to pay for other  
16240 priorities.

16241 In response, States would have to contribute much more  
16242 of their own funding or, far likelier, substantially cut  
16243 eligibility, benefits, and provider payments with those cuts

16244 growing more severe each year, along with those who have  
16245 gained coverage under the Medicaid expansion who would lose  
16246 it. The remaining 63 million children and families, seniors,  
16247 and peoples with disability who rely on Medicaid today would  
16248 face the significant risk of ending up uninsured or losing  
16249 access to the needed care.

16250 I will yield back, unless someone else would like some  
16251 time. If not, I will yield back.

16252 The Chairman. The gentleman yields back. Are there  
16253 other members seeking recognition?

16254 Mr. Bucshon. Chairman?

16255 The Chairman. The chair recognizes the gentleman from  
16256 Indiana, Dr. Bucshon.

16257 Mr. Bucshon. A couple of clarifications, one it was  
16258 described in our budget the premium support program on  
16259 Medicare that that is to the pay the premium for health  
16260 insurance. So, it is not the amount of money that is  
16261 reimbursed. Just I want to make that clear. So it has  
16262 nothing to do with -- nothing to do with -- you don't reach a  
16263 cap. It pays your premium for private health coverage. So,  
16264 your private health coverage would cover whatever the  
16265 expenses are.

16266 The other thing I wanted to clarify is on the FMAP.

16267 Someone earlier was talking about how the FMAP might change  
16268 and it might not be adequate in a disaster and the FMAP might  
16269 not cover the costs.

16270 Could you just over how the FMAP is established year to  
16271 year and would there be any changes in the FMAP as it relates  
16272 to a Katrina or some other disaster? Can you clarify that?

16273 Counsel. Yes, sir. So, the FMAP is calculated on an  
16274 annual basis for the next fiscal year and is the relationship  
16275 between that State's per capita income to the national per  
16276 capita income. So to the degree of economic situations in a  
16277 State change, it does fluctuate. It tends to fluctuate a  
16278 little bit for each state each year but that is highly  
16279 specific to the State, depending on what is going within the  
16280 State relative to what is going on nationally.

16281 Mr. Bucshon. So, it wouldn't fluctuate based on -- that  
16282 is the factors it fluctuates on.

16283 Counsel. Yes.

16284 Mr. Bucshon. Because there was an implication that you  
16285 wouldn't be able to get the money that you need because there  
16286 was a disaster.

16287 Counsel. Our proposal doesn't change the FMAP. There  
16288 was --

16289 Ms. Castor. Would the gentleman yield just for further

16290 question?

16291 Mr. Bucshon. I will yield if you want to clarify what  
16292 said.

16293 Ms. Castor. Yes. So when you institute per capita  
16294 caps, does an FMAP exist?

16295 Counsel. Yes, ma'am.

16296 Mr. Bucshon. Yes.

16297 Ms. Castor. And then how does that figure in? What is  
16298 the interaction between a per capita cap, where you have it  
16299 tied to medical CPI compared to an FMAP calculate that  
16300 fluctuates?

16301 Counsel. Can you ask that again?

16302 Ms. Castor. I am not sure.

16303 Mr. Bucshon. I think the question -- I reclaim my time.  
16304 I think what the question is is for an individual, there is  
16305 still -- the per capita cap is not for an individual; it is  
16306 for a patient population.

16307 Counsel. Correct.

16308 Mr. Bucshon. And for an individual, there is still an  
16309 FMAP.

16310 Counsel. Individual states still have FMAPs and the way  
16311 that the calculation works is the FMAP is operative for State  
16312 spending up to the cap.

16313 Ms. Castor. Up to the cap.

16314 Counsel. And then there is a determination of --

16315 Ms. Castor. So it will never flex. It won't flex like  
16316 it does under current law.

16317 Counsel. So, the issue --

16318 Ms. Castor. It would be limited by the cap.

16319 Counsel. So there is two issues. One is the FMAP,  
16320 which is the portion that the State pays of total  
16321 expenditures and then there is total expenditures.

16322 So the per capita allotment places a limit on the annual  
16323 percentage increase the Federal Government will pay but FMAP  
16324 is still operative under that total expenditure breadth.

16325 The Chairman. Would the gentleman yield?

16326 Mr. Bucshon. I will yield to the chairman.

16327 The Chairman. Yes, there is also the issue in an  
16328 emergency situation, where a State could apply for a waiver,  
16329 correct?

16330 Counsel. That is correct, Chairman.

16331 The Chairman. And explain how that might work in this  
16332 situation. And I know the other piece is, generally  
16333 speaking, when we have had a major national disaster, I think  
16334 of the hurricanes, I think of Katrina, we have also  
16335 appropriated money for those disasters. But could you walk

16336 us through how that would work?

16337 Counsel. Sure, Chairman. So, I know the example of  
16338 Flint was brought up earlier. The State of Michigan received  
16339 additional funding from the Federal Government through an  
16340 1115 waiver that the State worked with the Congressional  
16341 Delegation on.

16342 The Chairman. And how did that work in terms of their  
16343 FMAP? Did that have an effect on it, negative effect?

16344 Counsel. Chairman, yes, we don't believe it changed the  
16345 State's FMAP.

16346 The Chairman. Okay, but they were able to a get a  
16347 waiver, get additional funds --

16348 Counsel. That is correct.

16349 The Chairman. -- to deal with that population.

16350 All right, I would yield back to the good doctor.

16351 Mr. Shimkus. Would the gentleman yield?

16352 Mr. Bucshon. Yes, I will yield.

16353 Mr. Shimkus. I just want to get back to the macro  
16354 picture. We did the pies and the mandatory spending squeezes  
16355 the discretionary budget and we are spending I don't know  
16356 \$400 billion in interest payments that could best go to  
16357 providing education, school, roads, and bridges. And so that  
16358 is the mandatory spending pressure that I keep talking about

16359 and I yield back.

16360 Mr. Bucshon. I yield back, Mr. Chairman.

16361 The Chairman. All times has been consumed. Are there  
16362 others seeking recognition?

16363 The chair recognizes the gentlelady from California, Ms.  
16364 Matsui for 5 minutes to speak on the amendment.

16365 Ms. Matsui. Thank you, Mr. Chairman. I move to strike  
16366 the last word.

16367 Per capita caps is another way of rationing care, which  
16368 hurts the most vulnerable American families who have the most  
16369 to lose and the hardest time affording health care.

16370 Here is what imposing per capita caps really means. It  
16371 means cuts to coverage for seniors in nursing homes, pregnant  
16372 women, and children with disabilities. This will be a  
16373 disaster for my State. California already operates its  
16374 Medicaid program extremely efficiently. We already cover  
16375 more Americans on a tighter budget than any other State. One  
16376 in three Californians is on Medi-Cal, which is California's  
16377 Medicaid program -- one in three. One of those numbers is a  
16378 wife and mother in Sacramento. She went 26 years without  
16379 access to medical care because of a heart condition that  
16380 insurance companies said was a preexisting condition. All of  
16381 those years without medical care left her with irreversible

16382 damage to her heart and unable to work on her family farm.  
16383 Thanks to the ACA and Medi-Cal, she had open heart surgery  
16384 that saved her life.

16385 I have heard so many stories like this from patients, as  
16386 well as healthcare providers and stakeholders across  
16387 California, including hospitals, community health centers,  
16388 school-based health centers, doctors, Medicaid managed care  
16389 plans, and consumer advocates about the importance of a  
16390 Medicaid program for the people that they serve.

16391 Small rural hospitals which serve areas like the Central  
16392 Valley in California already operate on thin margins and  
16393 won't be able to survive with more cuts.

16394 We are seeing increasing support for ensuring our kids  
16395 can remain healthy and stay in school by opening up school-  
16396 based health centers. Just a few weeks ago, the Fresno  
16397 Unified School District approved six new school-based health  
16398 centers to benefit nearly 7,000 students. To do this, Fresno  
16399 Unified is partnering with local community health centers.  
16400 Our community health centers rely on Medicaid funding to stay  
16401 afloat and serve their patients. Slashing Medicaid by  
16402 capping the Federal contribution completely hamstring  
16403 States' and local government's abilities to run their  
16404 programs. California and its counties simply cannot backfill

16405 the billions of dollars in cuts in this bill to provide the  
16406 same level of care to the same number of people.

16407 The only flexibility that this bill gives California and  
16408 other States is the flexibility to decide what to cut. We  
16409 shouldn't be pitting seniors with long-term care needs  
16410 against sick children or pregnant mothers against young  
16411 children that need preventative care.

16412 We already have moved forward to innovate better ways of  
16413 delivering care, integrating behavior health and physical  
16414 health, using alternative payment methods models that  
16415 incentivize value and more. Thanks to the ACA and especially  
16416 the Medicaid expansion, the uninsured rate in California was  
16417 cut in half. We simply cannot go backwards.

16418 Thank you and I yield to anyone who needs the time.  
16419 Yes, I yield to Mr. Pallone.

16420 Mr. Pallone, Thank you and I really appreciate what you  
16421 said because it basically illustrates the damage from these  
16422 caps. And going back to what I said initially, everyone on  
16423 the Republican side is saying that this is budget-driven.  
16424 You know Mr. Shinkus puts up that chart or I guess he didn't  
16425 put it up this time. It is all about their concern that this  
16426 entitlement is going to balloon. That is what they talk  
16427 about.

16428           The bottom line is under the entitlement that we have  
16429 now, the formula that goes to the states is based on the  
16430 services that are actually provided. They have now come up  
16431 with some way of capping and they say figured what that is  
16432 going to mean. I don't think we really know. I don't think  
16433 we really know -- the States are really going to know exactly  
16434 what kind of money they are going to get, when they are going  
16435 to get it, the whole -- that is very much up in the air,  
16436 particularly since we don't have a CBO. We don't have any  
16437 scoring here.

16438           And my point, again, is are we trying to make sure that  
16439 people have adequate care and adequate services? Because if  
16440 we are, then we shouldn't be capping. If we are just trying  
16441 to come up with some arbitrary formula that is going to save  
16442 money without reference to what it means to services and  
16443 whether people are actually on Medicaid, then you know you  
16444 can proceed with this. But that is the problem. It is  
16445 strictly budget oriented. It is not based on whether people  
16446 are going to get adequate health care, whether they are even  
16447 going to have Medicaid. And it is particularly dangerous  
16448 right now when we don't even have a score.

16449           I yield back to the gentlewoman. Thank you.

16450           The Chairman. The gentlelady's time has expired. Are

16451 there other members seeking recognition?

16452 Okay, we will go down here to Ms. Castor for 5 minutes  
16453 to speak on the amendment.

16454 Ms. Castor. Well, I think looking at this there are  
16455 significant cuts, very deep cuts. I don't think it is  
16456 accurate to say there are no cuts when you move to a per  
16457 capita cap.

16458 But Mr. Pallone is right. We do not know the precise  
16459 impact on working families. It is not clear. But make no  
16460 mistake, this destroys Medicaid as we know it. It is the  
16461 fundamental reworking of that vital Federal-State  
16462 partnership. And we have had some good discussions on how  
16463 that works. Mr. Cardenas, Mr. Guthrie talked about this.

16464 See, under Medicaid now, the Federal Government pays a  
16465 fixed percentage of each State's Medicaid cost in providing  
16466 covered services to those who are eligible. Per capita caps  
16467 are fundamentally different. They provide fixed amounts, not  
16468 percentages, amounts of Federal funds to states. Per capita  
16469 caps are set below the amount States are projected to need to  
16470 provide healthcare services to their beneficiaries. What  
16471 happens under the cap is that Federal Government shifts costs  
16472 to the States, with the magnitude of the cost growing every  
16473 year, larger and larger every year. And hopefully CBO will

16474 give us a look at the 10-year window but beyond that, it is  
16475 going to be enormous. It is going to continue compound over  
16476 time.

16477 So when the House Republicans unveiled their policy  
16478 agenda last June, they kind of continued this false  
16479 narrative. They say that States could compensate for the  
16480 huge losses in Federal funding by using new flexibility to  
16481 cut costs without harming beneficiaries but that is very  
16482 unlikely. Medicaid costs per beneficiary already are far  
16483 below those of private insurance, after adjusting for  
16484 differences in health status, and have been growing more  
16485 slowly than private insurance costs in recent years and they  
16486 are expected to continue to do so.

16487 So what will happen in the States, they will institute a  
16488 waiting list or they will cap enrollment to limit the number  
16489 of people with coverage, you know our older neighbors,  
16490 seniors, and those with disabilities would be at significant  
16491 risk because their healthcare costs comprise almost half of  
16492 Medicaid spending.

16493 And another example of why this will be so devastating  
16494 to the families we represent, all you have to do is look at  
16495 children and the requirement under Medicaid that children  
16496 enrolled in Medicaid's early periodic screening diagnosis and

16497 treatment, the EPSDT. Since we are going to be here a few  
16498 more hours, you can do a Dingell, Ms. Dingell and Google it,  
16499 see Mr. Google -- EPSDT.

16500 Under the Federal EPSDT requirements, States must  
16501 provide regular screenings for children and determine through  
16502 the screenings whether the children are hitting or they are  
16503 falling behind key developmental benchmarks. Right now,  
16504 States are required to provide needed treatment, if the  
16505 screenings find that children have health problems, even if  
16506 the treatment in question, such as dental care or eyeglasses,  
16507 or special equipment such as a wheelchair, isn't covered for  
16508 the State's adult Medicaid beneficiaries.

16509 See these per capita caps will likely include the  
16510 pernicious removal of the EPSDT requirement. I have seen  
16511 States push the envelope here already on this and try to  
16512 ratchet back what is really fundamental to taking care of  
16513 kids across the country. So many enrolled in Medicaid, about  
16514 50 percent in Florida. This would place vulnerable children  
16515 at risk of having various conditions going undiagnosed and  
16516 not being treated on a timely basis, if at all. That is very  
16517 poor public policy. It is better to catch problems early.  
16518 We talked about the importance of prevention before.

16519 It is all the worse. This whole move towards the per

16520 capita cap is made all the worse at the same time as what is  
16521 going on over at Ways and Means with the huge tax cuts. And  
16522 I just don't think we can ignore the entire package. And,  
16523 therefore, I urge you to support the Pallone amendment.

16524 Mr. Barton. [Presiding.] The gentlelady's time has  
16525 expired.

16526 What reason does the gentleman from Ohio seek  
16527 recognition?

16528 Mr. Johnson. Mr. Chairman, thank you. I move to strike  
16529 the last word.

16530 Mr. Barton. The gentleman is recognized for 5 minutes.

16531 Mr. Johnson. Mr. Chairman, thanks. You know I am a  
16532 little befuddled why there is so much -- appears to be so  
16533 much opposition to per capita cap reform for Medicaid,  
16534 especially given the history of support from members of my  
16535 colleagues on the other side of the aisle, from their party.

16536 Let me read a few quotes. "Per capita reforms, and I  
16537 quote, provides that health care and coverage could be  
16538 protected and maintained the individual guarantee to Medicaid  
16539 services. The per capita cap approach provides that health  
16540 care and coverage could be protected and costs can be  
16541 controlled by disciplining the program with an annual limit  
16542 in Federal spending per beneficiary. This approach maintains

16543 the individual guarantee to Medicaid services and creates and  
16544 incentive to maintain healthcare coverage. Funding would  
16545 follow the people in need, not some political entity."

16546 That is a quote from Senator Bob Graham, Democrat from  
16547 Florida.

16548 Then we have another. Per capita reforms provide  
16549 additional incentives for States to control program spending  
16550 but will not force them to restrict Medicaid eligibility.

16551 And I quote, "the President has proposed per capital  
16552 limits on Federal Medicaid spending, which will provide an  
16553 additional incentive for States to control program spending  
16554 but will not force them to restrict Medicaid eligibility.  
16555 Under per capita spending limits, Medicaid enrollment can  
16556 continue to expand and contract with economic conditions and  
16557 individual needs. With enhanced flexibility, States will be  
16558 able to manage within these limits, while Medicaid  
16559 beneficiaries, including senior citizens, disabled people,  
16560 and children will retain their healthcare coverage."

16561 That is Bruce Vladek, Director of Healthcare Financing  
16562 Administration in June of 1995.

16563 And then the big one: A per capita reform guarantees  
16564 that the elderly, disabled, and pregnant women, and children  
16565 continue to be eligible for health benefits while reducing

16566 the rate of increase in Medicaid spending to a level that is  
16567 sustainable for States and the Federal Government.

16568 And I quote, "a per capita cap would limit the amount of  
16569 Federal spending per eligible person, while retaining current  
16570 eligibility and benefit guidelines. This approach guarantees  
16571 that the elderly, disabled, and pregnant women and children  
16572 meeting certain criteria will continue to be eligible for  
16573 health benefits, while reducing the rate of increase in  
16574 Medicaid spending to a level that is sustainable for States  
16575 and the Federal Government."

16576 That quote was by President Bill Clinton in January of  
16577 1996.

16578 So, I continue to be befuddled with the opposition to  
16579 per capita cap reforms that we are proposing in our bill now.  
16580 And I urge my colleagues to oppose this amendment.

16581 With that, I will be glad to yield some time to my  
16582 colleague from Kentucky, Mr. Guthrie, if you would like it.

16583 Mr. Guthrie. Well, thanks. I think I have just said  
16584 most but I just want to stress that you start with the 2016  
16585 that all the States had. So, it is not a cut from what they  
16586 have. So you are not all of a sudden pitting groups against  
16587 each other. It starts with the base that they had last year.  
16588 It grows by medical inflation and by demographics of who

16589 comes and goes with the program. So, it slows down in  
16590 growth.

16591 But the other thing is, and it does drive with budgets,  
16592 are you going to have a sustainable program? We are going to  
16593 spend over a trillion dollars between State and Federal  
16594 Government in 2026 under the current projection. So I don't  
16595 think we can just dismiss the fact that it is growing at the  
16596 rate that it is growing and take it seriously and try to deal  
16597 with it. And I think it is a responsible way to look at this  
16598 problem.

16599 So, I yield back.

16600 Mr. Johnson. Thank Mr. Chairman. I yield back the  
16601 balance of my time.

16602 Mr. Barton. The gentleman yields back. Oh, Mr. Kennedy  
16603 from Massachusetts. What reason does the gentleman seek  
16604 recognition?

16605 Mr. Kennedy. Mr. Chairman, thank you. I move to strike  
16606 the last word.

16607 Mr. Barton. Well you get to do that for the next 5  
16608 minutes.

16609 Mr. Kennedy. Lucky me. Thank you, Mr. Chairman.

16610 I have, to start, a couple of things to submit for the  
16611 record. One, I know some of my colleagues were referencing a

16612 New York Times piece from 1997. I have a New York Times  
16613 piece from I guess yesterday morning that talks about the  
16614 proposed Medicaid reforms and is not quite as positive on  
16615 them as you might have anticipated. I would like to submit  
16616 that for the record.

16617 I also want to point out there has been some discussion  
16618 of engagement between the committee and various governors.

16619 Mr. Barton. Did the gentleman submit something for the  
16620 record?

16621 Mr. Kennedy. Chairman, I have actually got a couple of  
16622 things for the record.

16623 Mr. Barton. Okay. I was going to accept you if were.

16624 Mr. Kennedy. I appreciate that. Thank you, sir.

16625 Mr. Barton. Another is a letter written by Government  
16626 of the Commonwealth, Charlie Baker, which he points out,  
16627 towards the end of the letter, one of the overall  
16628 recommendations going forward, the fourth bullet point is  
16629 avoiding proposals that only offer more flexibility and  
16630 control in exchange for shifting costs to States, which I  
16631 think is particularly relevant, given our questions on this  
16632 topic.

16633 And last, is a letter from the Massachusetts Hospital  
16634 Association in which they detail their concerns over the

16635 proposed Medicaid reforms, quoting here briefly, "our  
16636 concerns include the GOP's planned substitution of Medicaid  
16637 coverage with a per capita Federal grants to States age- and  
16638 income-based tax credit that could cover more people but  
16639 offer less to those with the most financial need and repeal  
16640 the ACA's essential health benefits requirements."

16641 So, Mr. Chairman, with your consent, I would ask  
16642 unanimous consent to submit all three of those documents for  
16643 the record.

16644 Mr. Barton. I can't listen as fast as you talk but I  
16645 think I will accept and without objection.

16646 [The information follows:]

16647

16648 \*\*\*\*\*COMMITTEE INSERT 28\*\*\*\*\*

16649 Mr. Kennedy, I have been told I have that problem,  
16650 Chairman, but I appreciate your consideration.

16651 The other piece that I think is critical to this debate,  
16652 and I will do my best to keep this a little bit more  
16653 intelligible, is long-term care. As I think, I would hope,  
16654 most of the committee is aware, Medicaid is the largest payer  
16655 of long-term care services in the country. And I know we all  
16656 care deeply about our seniors but, understanding that,  
16657 according to AARP, there are millions of seniors that are at  
16658 risk with some of these reforms.

16659 So, to go through some of the States that are  
16660 represented by the committee, those are 1.1 million seniors  
16661 in California that are at risk of having their long-term care  
16662 benefits cut. It is 563,000 seniors in Florida. It is  
16663 194,000 seniors in Georgia. It is 245,000 seniors in  
16664 Illinois. It is 102,000 seniors in Indiana. It is 99,000  
16665 seniors in Kentucky. It is 122,000 seniors in Louisiana. It  
16666 is 156,000 seniors in Michigan; 93,000 in Mississippi; 94,000  
16667 -- I have been told I pronounce the word wrong -- 94,000 in  
16668 Missouri; 162,000 in New Jersey; 687,000 seniors in New York;  
16669 193,000 in North Carolina; 10,000 in North Dakota; 203,000  
16670 seniors in Ohio; 69,000 in Oregon; 261,000 in Pennsylvania;  
16671 152,000 seniors in Tennessee; 497,000 in Texas; 118,000 in

16672 Virginia; 109,000 in Washington State; 44,000 in West  
16673 Virginia; and a grand total for the committee's consideration  
16674 of nearly 6.9 million seniors across our country that are at  
16675 risk of losing long-term care benefits if these caps and  
16676 Medicaid reforms go through.

16677           And I think it is critically important that we  
16678 understand, given the late night, given the late notice,  
16679 given the rushed tenure of this debate, about that is going  
16680 to mean for our seniors and particularly those that are going  
16681 to be subject to these caps and these Medicaid reforms,  
16682 making sure that our constituents have time to understand  
16683 what that means because I believe that most people out there  
16684 think that Medicare actually covers the cost for seniors,  
16685 which it does, but when it comes to caps for healthcare  
16686 spending, for nursing home spending, and long-term care  
16687 spending for seniors under Medicare, after which Medicaid  
16688 often kicks in. Putting these caps in place could put  
16689 tremendous stress on State budget which then are going to be  
16690 tempted to roll that back and the onus of that burden is then  
16691 going to fall on families to care for their parents, their  
16692 grandparents, their sick, frail, at their most vulnerable  
16693 moment.

16694           And so we should be very, very clear that our

16695 constituents understand that that risk is going to be borne  
16696 by families in our home States, in our home districts, under  
16697 this plan.

16698 With that, I yield back.

16699 Mr. Barton. Does the gentleman yield back his 2  
16700 seconds?

16701 Mr. Kennedy. Yes, sir.

16702 Mr. Barton. Who seeks recognition on the majority side?  
16703 Seeing everybody asleep, we now go back to the minority side.  
16704 Who do you want to recognize, the gentleman from California  
16705 or the gentleman from Iowa? Oregon, I am sorry. We are  
16706 going to recognize the gentleman from Oregon --

16707 Mr. Schrader. All right, thank you, Mr. Chairman.

16708 Mr. Barton. -- if you want to be recognized.

16709 Mr. Schrader. I do, Mr. Chairman, thank you.

16710 Mr. Barton. Then you are recognized for 5 minutes.

16711 Mr. Schrader. So I just have questions for Counsel, if  
16712 I may, sir.

16713 Mr. Barton. It is your time.

16714 Mr. Schrader. I think they are appropriate, anyways.

16715 And we are talking about the per capita caps and how they  
16716 would play. It is a big change to how we would provide  
16717 Medicaid for folks. It goes from an entitlement program to a

16718 program that has some enrollee changes. It has an  
16719 inflationary index, an increase in the medical CPI. And I  
16720 want to thank my friends across the aisle for at least  
16721 thinking outside the box. To an earlier comment, at least it  
16722 is not a flat-out block grant, which would be horrible.

16723 The question is, though, is it designed as well as it  
16724 could be to accomplish what my friends on the other side of  
16725 the aisle actually want to do? And my good friend from  
16726 Kentucky has referenced several times that 2016 baseline that  
16727 suggested going forward. The problem I guess I am concerned  
16728 -- question. Is there a range of State spending per  
16729 category, because there are a lot of different categories  
16730 involved -- it is a little complicated -- in 2016, State-by-  
16731 State?

16732 Counsel. So, Mr. Schrader, the per capita amount for  
16733 each State would be based on State historical spending.

16734 Mr. Schrader. Yes, so and it varies. My understanding  
16735 is there is a huge range among the States. The New York  
16736 Times had a story the other day showing the range is like  
16737 from 4,000 plus in Georgia to 10,000 plus in New York. Isn't  
16738 it correct, also, that in recent years Vermont and Rhode  
16739 Island have spent about \$5,000 per child on Medicaid, while  
16740 Indiana and Georgia spend around \$2,000?

16741 Counsel. Mr. Schrader, I don't have those numbers right  
16742 in front of me but you are correct, there is a discrepancy in  
16743 State spending by category.

16744 Mr. Schrader. And I guess where I am going with that is  
16745 if you have a baseline that is set up that is geared around a  
16746 particular time period, there is going to be huge variations.  
16747 In my State, for instance, in that 2016 time period, we were  
16748 working hard to limit the rate of medical inflation. As a  
16749 matter of fact, it was part of our waiver, part of a deal we  
16750 made with the Federal Government.

16751 It seems to me that the way this is we are rewarding the  
16752 wrong behavior. You get more money if your medical inflation  
16753 continues to increase. Is that what we want to do? That  
16754 doesn't really control healthcare costs. You are just  
16755 rewarding bad behavior. Those States, those providers that  
16756 are using expensive treatments maybe that they don't need to  
16757 do because they are not thinking outside the box in how they  
16758 deliver health care, you are just rewarding people that spend  
16759 money, rather than get the quality healthcare outcomes I  
16760 think that we all want.

16761 I think it would make more sense to have a target for  
16762 inflation over a period of time that is below maybe a State's  
16763 current rate of inflation and give credit for those folks

16764 that are able to maintain that; maybe give them the enhanced  
16765 match because they have actually been able to control their  
16766 costs. That is what I think the majority is looking for and  
16767 I think the minority is looking to make sure that it is a  
16768 fair system that people actually get their health care  
16769 delivered with that enhanced match that allows the innovation  
16770 to think transformatively about it.

16771 Without that enhanced match, with regular Medicaid, you  
16772 are just treating acute cases walking in the door. It is the  
16773 same, terrible healthcare system we have had from the  
16774 beginning. Medicaid doesn't pay very well. I think everyone  
16775 on the panel knows it pays the worst of anything, worse than  
16776 Medicare, worse than commercial. We need an incentive to  
16777 make States and providers think outside the box. You give  
16778 them that flexibility, you give them flexibility with a  
16779 little money to be flexible with, rather than just treating  
16780 that acute case that walks in the door. There is nothing  
16781 that changes, if we don't do that.

16782 So I just, based on the data here and the fact that we  
16783 are rewarding kind of the same bad inflationary behavior, why  
16784 don't we think outside the box and do it like, oh, gee, I  
16785 guess Oregon is doing that; so, why don't we do something  
16786 like that?

16787 And I yield back. Thank you.

16788 Mr. Barton. The gentleman yields back. I am not the  
16789 full committee chairman but if I were, I would work with you  
16790 on your suggestion. I don't think the members on your side  
16791 of the aisle would work with you very much but -- you would  
16792 work with him? Well, there you go. You might come up with  
16793 an idea at 4:30 in the morning or whatever time it is.

16794 Does anybody on the majority side seek recognition?

16795 On the minority side, we want to go to the gentleman  
16796 from California, Mr. Cardenas.

16797 Mr. Cardenas. Thank you, Mr. Chairman.

16798 A question to the staff. What special categories are in  
16799 the new Medicaid per capita cap plan? Can you rattle off a  
16800 few of them that come to mind?

16801 Counsel. Sorry, sir. There is four categories of  
16802 enrollment and then five, if there is an expansion. So,  
16803 children, the elderly, adults, individuals with disabilities,  
16804 and then expansion enrollees.

16805 Mr. Cardenas. Okay. As an example, what does this bill  
16806 define as a disability?

16807 Counsel. So that is a very good question. Federal law  
16808 requires that Medicaid eligibility determinations must be  
16809 made in the best interest of the recipient. So Section

16810 1902(a)(19) of the Social Security Act provides that  
16811 eligibility determinations be made in a manner consistent  
16812 with the simplicity of administration in the best interest of  
16813 the recipients. And it says that States can't deny Medicaid  
16814 coverage to individuals with completed applications or  
16815 terminate existing coverage until all avenues of eligibility  
16816 have been explored or evaluated.

16817 For individuals who have been eligible for more than one  
16818 category, Medicaid regulations specify that individual would  
16819 be determined eligible for the category that he or she  
16820 selects. And that is 42 CFR 435.404. So, we would maintain  
16821 that approach.

16822 Mr. Cardenas. Okay. And so, therefore, would diabetes  
16823 be covered -- be considered as a disability?

16824 Counsel. We would maintain that approach in current  
16825 law.

16826 Mr. Cardenas. Okay. Now, apparently, if somebody has  
16827 diabetes, the cost for coverage is about four times the cost  
16828 of someone that doesn't have a disability. It is factored  
16829 somewhere in that range. So what happens to them when they  
16830 reach the cap created by this bill?

16831 Counsel. So the way the allotment works is that it is a  
16832 per capita allotment determined by the number of individuals

16833 in eligibility categories times the number of enrollees and  
16834 that is the total computable allotment.

16835 Mr. Cardenas. Okay.

16836 Counsel. So it doesn't limit the amount of Federal  
16837 dollars that can go to one single individual.

16838 Mr. Cardenas. So once again, it is a per capita cap  
16839 plan and, therefore, it is an allotment of dollars and then  
16840 the States have to determine how they are going to apply  
16841 those dollars to their population mix.

16842 Speaking of diabetes, I think the most affected  
16843 community in the United States with diabetes is the Native  
16844 American community. I think they top the charts of all other  
16845 categories of folks. If that is the case, how would this per  
16846 capita cap plan involve sovereign nations? Would they be a  
16847 subset of the State or do they have a special category of  
16848 their own and a pot they would have to divvy up amongst the  
16849 federally-recognized tribes?

16850 Counsel. On page 38, line 3 of the American Indians and  
16851 IHS are exempt.

16852 Mr. Cardenas. I am sorry. Can you say that one more  
16853 time?

16854 Counsel. Page 38, the American Indians and IHS are  
16855 exempt.

16856 Mr. Cardenas. Okay, so they would have their own pots  
16857 delineated directly to the sovereign nations?  
16858 Counsel. They would be exempted from the cap.  
16859 Mr. Cardenas. Oh, they would be exempted from the cap?  
16860 Counsel. Yes, sir.  
16861 Mr. Cardenas. So therefore, how would -- under this --  
16862 Counsel. Current law would apply to them.  
16863 Mr. Cardenas. I am sorry. What?  
16864 Counsel. Current law would apply for those individuals.  
16865 Mr. Cardenas. Okay, so this bill wouldn't affect the  
16866 Native American tribes.  
16867 Counsel. Right.  
16868 Mr. Cardenas. Okay. And where are they covered in the  
16869 current law?  
16870 Counsel. 1905(b).  
16871 Mr. Cardenas. 1905(b).  
16872 Counsel. Yes, sir.  
16873 Mr. Cardenas. Okay, thank you.  
16874 I will yield my time to anybody on my side of the aisle  
16875 who would like the remainder. Seeing none, okay, I yield  
16876 back my time. Thank you.  
16877 Mr. Barton. The gentleman yields back.  
16878 Anybody on the majority seek recognition? Seeing no

16879 one, others on the minority side? You have got two. Which  
16880 one do you want to go to?

16881 We go to the gentleman from New Mexico. For what reason  
16882 does he seek recognition?

16883 Mr. Lujan. To strike the last word, Mr. Chairman.

16884 Mr. Barton. The gentleman is recognized for 5 minutes.

16885 Mr. Lujan. Thank you, Mr. Chairman.

16886 A question to counsel. What happens if, rather than  
16887 January 1, 2020, these changes to Medicaid going into effect,  
16888 if those changes get moved up to January 1, 2018? What does  
16889 that mean?

16890 Counsel. Which changes are you referencing, sir?

16891 Mr. Lujan. What text in the bill references January 1,  
16892 2020 as it talks about Medicaid?

16893 Counsel. So there are multiple dates that reference --  
16894 or multiple issues that reference January 1, 2020, as it  
16895 relates to Medicaid in the underlying bill. January 1, 2020  
16896 is the freeze date for the expansion population and then also  
16897 on that date the per capital allotment system would start.

16898 Mr. Lujan. So with both of those dates, if those moved  
16899 up to January 1, 2018, what would happen?

16900 Counsel. If they were moved to January 1, 2018, they  
16901 would start on January 1, 2018.

16902 Mr. Lujan. It would shorten the time period associated  
16903 for the transition?

16904 Counsel. Yes, so if we moved to January 1, 2018, that  
16905 would be a shorter time period.

16906 Mr. Lujan. Well, Mr. Chairman, I am glad everyone got a  
16907 giggle out of that because I know that we don't believe  
16908 everything that is tweeted but what is being tweeted is that  
16909 the White House team indicated openness to move up Medicaid  
16910 fix to January 1, 2018 instead of 2020 to entice  
16911 conservatives. So I think it is an important question that  
16912 we need asked. I don't know if there is an amendment that is  
16913 coming or not, if this going to be done in conference. If  
16914 the conference committees, if our Republic colleagues are  
16915 going to demand that they are opened up to C-SPAN the way  
16916 that they did before.

16917 I just think that here we are at 4:24 in the morning and  
16918 tweets are coming out. So maybe someone is awake, maybe they  
16919 are not. And as we are trying to get answers as to what  
16920 policy is and what policy isn't, what that is going to mean  
16921 to the American people.

16922 Because as we look at the impact specific to New Mexico,  
16923 and we are looking at Medicaid and what these per capita caps  
16924 are, I don't think there is any disagreement here that these

16925 per capita caps will result in Federal investments, Federal  
16926 dollars to States to support Medicaid. Is there anyone that  
16927 would disagree with that?

16928 Is there anyone that would disagree with me when I say  
16929 that the result of this legislation would result in less  
16930 Federal money going to Medicaid? Everyone agrees.

16931 Mr. Barton. No, I would -- is the gentleman asking --

16932 Mr. Lujan. Can you explain that Mr. Chairman?

16933 Mr. Barton. Does the gentleman want an answer or --

16934 Mr. Lujan. Oh, I would, Mr. Chairman.

16935 Mr. Barton. -- is that a rhetorical question?

16936 Under the pending proposal, money for Medicaid would  
16937 grow. It just wouldn't grow at as fast a rate as it does  
16938 under current law.

16939 Mr. Lujan. So, Mr. Chairman, you are saying that there  
16940 would not be less Federal money going to States for Medicaid.

16941 Mr. Barton. They would, based on the base year of 2016,  
16942 move forward to 2019. There would be more money but the  
16943 additional growth in funding would be at a slower rate than  
16944 under current law. That is my understanding.

16945 Mr. Lujan. Well, let me, I promised Ms. Eshoo I would  
16946 yield a minute to her. If I have any time left, I will ask a  
16947 follow-up question.

16948 Ms. Eshoo.

16949 Ms. Eshoo. I thank the gentleman.

16950 It is what, 4:30 or whatever in the morning. I want to  
16951 raise a red flag here. And I know that we are all exhausted  
16952 but I think that we are not really thinking how -- what a  
16953 heavy, heavy impact this is going to have on long-term care.  
16954 Approximately 60 percent of Medicaid goes to long-term care.

16955 Now, what is not being talked about is the tsunami that  
16956 is not that far off in our future relative to dementia and  
16957 Alzheimer's. AARP, in their letter, talk about the boomers,  
16958 and when they start to turn 80 and older, the levels of  
16959 service they would need.

16960 You know we are talking about these formulas like they  
16961 are just tidy and neat --

16962 Mr. Barton. The gentlelady's time has expired -- or the  
16963 gentleman's time has expired.

16964 Ms. Eshoo. I think this is going to be big trouble, I  
16965 really do, and I think the majority doesn't realize what is  
16966 coming on this.

16967 Mr. Barton. Does anybody on the majority seek  
16968 recognition? Seeing none, the chairman recognizes the  
16969 gentlelady from Michigan, Mrs. Dingell, for 5 minutes.

16970 Mrs. Dingell. Thank you, Mr. Chairman. I strike the

16971 last word but I just need help doing my math.

16972 So, I want to build on what my colleague from California  
16973 and New Mexico were asking. My colleague from Michigan, who  
16974 I love and is one of my dearest friends but I don't  
16975 understand his math, earlier today he said that this bill was  
16976 okay because it didn't jeopardize the success we have seen of  
16977 the Healthy Michigan Plan and that it wasn't going to hurt  
16978 it.

16979 But the way that I understand it, it puts an arbitrary  
16980 date to ending expansion of 690 -- I am so tired, like the  
16981 rest of you -- 695,000 people right now have coverage. But  
16982 bam, 2019, anybody that comes after that is not going to be  
16983 covered. But by the way you have got --

16984 Mr. Upton. No, if the gentlelady will yield, we are not  
16985 --

16986 Mrs. Dingell. -- to stop -- let me finish asking it.  
16987 I am going to keep asking it.

16988 Mr. Upton. No, no, but don't say that they are not  
16989 going to be covered because they will be covered.

16990 Mr. Barton. The gentlelady from Michigan actually --

16991 Mrs. Dingell. They will be covered.

16992 Mr. Upton. Right.

16993 Mrs. Dingell. But anybody that comes after that is not

16994 going to be but then --

16995 Mr. Upton. No.

16996 Mrs. Dingell. Okay, let me finish my --

16997 Mr. Upton. If the gentlelady will yield, they will  
16998 still be covered but they will be covered under a lower FMAP.

16999 Mrs. Dingell. Okay, they will be covered under a lower  
17000 FMAP but I am going to now build on what Anna was also  
17001 talking about because Medicaid is the largest payer of long-  
17002 term care in this country, accounting for 42 percent of all  
17003 spending. And as our population starts to age, which is  
17004 going to happen, the demand for long-term care is going to  
17005 double in the next 40 years. Among people 65 and over, it is  
17006 estimated that 70 percent will need long-term care at some  
17007 point. And people who are older than 85 are four times more  
17008 likely to need these services than younger services.

17009 So all this math is coming together and yet you are  
17010 telling me no, we are not going to have to ration, no we are  
17011 not going to have to worry. I can't get the math to add up  
17012 in my head and maybe because it is 4:30 in the morning but I  
17013 don't think it is.

17014 Mr. Upton. Sorry, I had about three people talking to  
17015 me at the same time.

17016 Does the Counsel want to -- if the gentlelady -- does

17017 the Counsel want to yield to the question that she was  
17018 asking?

17019 Mrs. Dingell. I love my colleague but I just can't  
17020 figure out his math tonight right now.

17021 Mr. Barton. I thought you loved another former member  
17022 of this committee from Michigan.

17023 Mrs. Dingell. He's my love, true love.

17024 Mr. Barton. I just wanted to set the record straight on  
17025 that.

17026 Mrs. Dingell. That's a good clarification.

17027 Mr. Barton. All right.

17028 Mrs. Dingell. He is probably asleep and not watching  
17029 this either.

17030 Mr. Barton. If he has got sense, he is asleep.

17031 Mr. Upton. He's probably tweeting.

17032 Mr. Barton. It's somebody else.

17033 Mrs. Dingell. We need humor. We need it.

17034 Okay, could someone help me with my math? My staff is  
17035 getting mad.

17036 Counsel. Sure, Mrs. Dingell. So, again, a question  
17037 regarding how the Medicaid freeze would work and how it would  
17038 affect expansion States?

17039 Mrs. Dingell. And how are we taking into account all

17040 this math that we are going to freeze the number, we are  
17041 going to have more people -- we say we want people to be able  
17042 to come into Healthy Michigan and then we have got all these  
17043 seniors that are going to be needing more care. They weren't  
17044 on Medicare because they had private insurance beforehand.  
17045 Suddenly, they need Medicaid to help.

17046 Counsel. So the bill before us would allow expansion  
17047 states to continue to enroll individuals on expansion until  
17048 January 1, 2020. At that date, those individuals who stay on  
17049 the Medicaid program, the state would continue to receive the  
17050 enhanced match, as long as those individuals --

17051 Mrs. Dingell. But just for the old ones, not the new  
17052 ones.

17053 Counsel. Correct. So for individuals enrolled after  
17054 that date --

17055 Mrs. Dingell. That ends expansion then.

17056 Counsel. The State could continue to add enrollees at  
17057 regular match.

17058 Mrs. Dingell. Okay, now what are we doing about these  
17059 seniors whose numbers are growing and have to go into that  
17060 number somehow and we are not going to hurt them? We are not  
17061 going to ration care?

17062 Counsel. So the aged are a traditional Medicaid

17063 population, not --

17064 Mrs. Dingell. Well we are growing. We are doubling.

17065 Ten thousand of us are turning -- I am not 65 yet either, for  
17066 the record. Fred's older than me.

17067 Mr. Upton. I am not 65 either.

17068 Mrs. Dingell. I know.

17069 Counsel. So Mrs. Dingell, I think that was a reference  
17070 to how a growth in seniors in a State would intersect with  
17071 the per capita allotment. So --

17072 Mrs. Dingell. And greater healthcare needs as well.

17073 Counsel. To the extent that more individuals enroll in  
17074 the Medicaid program in any State, for any category, the  
17075 Federal contribution to the State would increase under the  
17076 per capita allotment.

17077 Mrs. Dingell. But is it going to keep up with  
17078 inflation, with the cost of long-term care, especially when  
17079 you hit 80 and over? How do they account for -- that is the  
17080 population that has the greatest healthcare needs. How are  
17081 we accounting for the increase in those that need coverage?

17082 Mr. Upton. I might ask the gentlelady have an  
17083 additional 25 seconds. Unanimous consent?

17084 Mr. Barton. Oh, my, Lord, extra time.

17085 Mr. Upton. By the time you finish --

17086 Mr. Barton. Without objection, 25 seconds.

17087 Counsel. So the per capita allotment provision would  
17088 grow at CPI medical.

17089 Mrs. Dingell. Not with the real rate of inflation.

17090 Counsel. Medical inflation.

17091 Mrs. Dingell. Thank you. And thank you for my extra  
17092 time.

17093 Mr. Barton. The gentlelady's time has expired.

17094 Before I recognize somebody else I am going to ask  
17095 Counsel a question, primarily just to keep myself awake.

17096 You have somebody in a Medicaid expansion State that is  
17097 a healthy adult. You have somebody in a Medicaid State that  
17098 is disabled, two different people. Under current law, they  
17099 both sign up. The young adult signs up at the 95 percent  
17100 match. Is that correct?

17101 Counsel. That is correct and that phases down to 90  
17102 percent under the current law.

17103 Mr. Barton. The disabled individual signs up at the  
17104 regular FMAP match, not the higher match.

17105 Counsel. That is correct, so traditional Medicaid  
17106 populations receive a lower match.

17107 Mr. Barton. So under current law --

17108 Counsel. Under current law.

17109 Mr. Barton. -- Medicaid eligibles under the  
17110 traditional categories are signed up at the normal FMAP but  
17111 the new category of young adults are signed up at the super  
17112 match. Is that correct?  
17113 Counsel. That's correct, sir.  
17114 Mr. Barton. Thank you.  
17115 Does anybody on either side seek recognition? If not,  
17116 the chair is prepared to call the question. Does the  
17117 gentleman seek a roll call vote?  
17118 All those in favor of the Pallone Amendment will vote  
17119 aye. All those opposed will vote no. The chair will call --  
17120 I mean the clerk will call the roll.  
17121 The Clerk. Mr. Barton.  
17122 Mr. Barton. Votes no.  
17123 The Clerk. Mr. Barton votes no.  
17124 Mr. Upton.  
17125 Mr. Upton. Votes no.  
17126 The Clerk. Mr. Upton votes no.  
17127 Mr. Shimkus.  
17128 Mr. Shimkus. No.  
17129 The Clerk. Mr. Shimkus votes no.  
17130 Mr. Murphy.  
17131 [No response.]

17132	The Clerk.	Mr. Burgess.
17133	<u>Mr. Burgess.</u>	No.
17134	The Clerk.	Mr. Burgess votes no.
17135	Mrs. Blackburn.	
17136	[No response.]	
17137	The Clerk.	Mr. Scalise.
17138	[No response.]	
17139	The Clerk.	Mr. Latta.
17140	<u>Mr. Latta.</u>	No.
17141	The Clerk.	Mr. Latta votes no.
17142	Mrs. McMorris Rodgers.	
17143	[No response.]	
17144	The Clerk.	Mr. Harper.
17145	<u>Mr. Harper.</u>	No.
17146	The Clerk.	Mr. Harper votes no.
17147	Mr. Lance.	
17148	<u>Mr. Lance.</u>	No.
17149	The Clerk.	Mr. Lance votes no.
17150	Mr. Guthrie.	
17151	<u>Mr. Guthrie.</u>	No.
17152	The Clerk.	Mr. Guthrie votes no.
17153	Mr. Olson.	
17154	<u>Mr. Olson.</u>	No.

17155 The Clerk. Mr. Olson votes no.  
17156 Mr. McKinley.  
17157 Mr. McKinley. No.  
17158 The Clerk. Mr. McKinley votes no.  
17159 Mr. Kinzinger.  
17160 Mr. Kinzinger. No.  
17161 The Clerk. Mr. Kinzinger votes no.  
17162 Mr. Griffith.  
17163 Mr. Griffith. No.  
17164 The Clerk. Mr. Griffith votes no.  
17165 Mr. Bilirakis.  
17166 Mr. Bilirakis. No.  
17167 The Clerk. Mr. Bilirakis votes no.  
17168 Mr. Johnson.  
17169 Mr. Johnson. No.  
17170 The Clerk. Mr. Johnson votes no.  
17171 Mr. Long.  
17172 Mr. Long. No.  
17173 The Clerk. Mr. Long votes no.  
17174 Mr. Bucshon.  
17175 Mr. Bucshon. No.  
17176 The Clerk. Mr. Bucshon votes no.  
17177 Mr. Flores.

17178	<u>Mr. Flores.</u>	No.
17179	The Clerk.	Mr. Flores votes no.
17180	Mrs. Brooks.	
17181	<u>Mrs. Brooks.</u>	No.
17182	The Clerk.	Mrs. Brooks votes no.
17183	Mr. Mullin.	
17184	<u>Mr. Mullin.</u>	No.
17185	The Clerk.	Mr. Mullin votes no.
17186	Mr. Hudson	
17187	<u>Mr. Hudson.</u>	No.
17188	The Clerk.	Mr. Hudson votes no.
17189	Mr. Collins.	
17190	<u>Mr. Collins.</u>	No.
17191	The Clerk.	Mr. Collins votes no.
17192	Mr. Cramer.	
17193	<u>Mr. Cramer.</u>	No.
17194	The Clerk.	Mr. Cramer votes no.
17195	Mr. Walberg	
17196	<u>Mr. Walberg.</u>	No.
17197	The Clerk.	Mr. Walberg votes no.
17198	Mrs. Walters.	
17199	<u>Mrs. Walters.</u>	No.
17200	The Clerk.	Mrs. Walters votes no.

17201 Mr. Costello.

17202 Mr. Costello. No.

17203 The Clerk. Mr. Costello votes no.

17204 Mr. Carter.

17205 Mr. Carter. No.

17206 The Clerk. Mr. Carter votes no.

17207 Mr. Pallone.

17208 Mr. Pallone. Aye.

17209 The Clerk. Mr. Pallone votes aye.

17210 Mr. Rush.

17211 [No response.]

17212 The Clerk. Ms. Eshoo.

17213 Ms. Eshoo. Aye.

17214 The Clerk. Ms. Eshoo votes aye.

17215 Mr. Engel.

17216 Mr. Engel. Aye.

17217 The Clerk. Mr. Engel votes aye.

17218 Mr. Green.

17219 Mr. Green. Aye.

17220 The Clerk. Mr. Green votes aye.

17221 Ms. DeGette.

17222 Ms. DeGette. Aye.

17223 The Clerk. Ms. DeGette votes aye.

17224 Mr. Doyle.

17225 Mr. Doyle. Yes.

17226 The Clerk. Mr. Doyle votes aye.

17227 Ms. Schakowsky.

17228 Ms. Schakowsky. Yes.

17229 The Clerk. Ms. Schakowsky votes aye.

17230 Mr. Butterfield.

17231 Mr. Butterfield. Aye.

17232 The Clerk. Mr. Butterfield votes aye.

17233 Ms. Matsui.

17234 Ms. Matsui. Aye.

17235 The Clerk. Ms. Matsui votes aye.

17236 Ms. Castor.

17237 Ms. Castor. Aye.

17238 The Clerk. Ms. Castor votes aye.

17239 Mr. Sarbanes.

17240 Mr. Sarbanes. Aye.

17241 The Clerk. Mr. Sarbanes votes aye.

17242 Mr. McNerney.

17243 Mr. McNerney. Aye.

17244 The Clerk. Mr. McNerney votes aye.

17245 Mr. Welch.

17246 Mr. Welch. Aye.

17247 The Clerk. Mr. Welch votes aye.  
17248 Mr. Lujan.  
17249 Mr. Lujan. Aye.  
17250 The Clerk. Mr. Lujan votes aye.  
17251 Mr. Tonko.  
17252 Mr. Tonko. Aye.  
17253 The Clerk. Mr. Tonko votes aye.  
17254 Ms. Clarke.  
17255 Ms. Clarke. Aye.  
17256 The Clerk. Ms. Clarke votes aye.  
17257 Mr. Loeb sack.  
17258 Mr. Loeb sack. Aye.  
17259 The Clerk. Mr. Loeb sack votes aye.  
17260 Mr. Schrader.  
17261 Mr. Schrader. Aye.  
17262 The Clerk. Mr. Schrader votes aye.  
17263 Mr. Kennedy.  
17264 Mr. Kennedy. Aye.  
17265 The Clerk. Mr. Kennedy votes aye.  
17266 Mr. Cardenas.  
17267 Mr. Cardenas. Aye.  
17268 The Clerk. Mr. Cardenas votes aye.  
17269 Mr. Ruiz.

17270 Mr. Ruiz. Aye.

17271 The Clerk. Mr. Ruiz votes aye.

17272 Mr. Peters.

17273 Mr. Peters. Aye.

17274 The Clerk. Mr. Peters votes aye.

17275 Mrs. Dingell.

17276 Mrs. Dingell. Aye.

17277 The Clerk. Mrs. Dingell votes aye.

17278 Chairman Walden.

17279 The Chairman. Walden votes no.

17280 The Clerk. Chairman Walden votes no.

17281 The Chairman. [Presiding.] Are there any members wishing

17282 to be recorded? The gentlelady from Tennessee? Is she

17283 recorded?

17284 The Clerk. Mrs. Blackburn votes no.

17285 The Chairman. The gentleman from Pennsylvania, Mr.

17286 Murphy?

17287 Mr. Murphy. No.

17288 The Chairman. Votes no.

17289 The Clerk. Mr. Murphy votes no.

17290 The Chairman. The gentleman from Louisiana.

17291 Mr. Scalise. No.

17292 The Clerk. Mr. Scalise votes no.

17293 The Chairman. The gentlelady from the great State of  
17294 Washington.

17295 Mrs. McMorris Rodgers. No.

17296 The Clerk. Mrs. McMorris Rodgers votes no.

17297 The Chairman. Anybody else on our side not recorded?  
17298 Turning to this side, anybody over here not recorded?  
17299 We have everybody. So, the Clerk will report the tally.

17300 The Clerk. Mr. Chairman, on that vote, there were 23  
17301 ayes and 31 noes.

17302 The Chairman. Twenty-three ayes, thirty-one noes; the  
17303 motion -- the amendment is not agreed to.

17304 Are there other amendments? Are there other members  
17305 seeking recognition?

17306 The chair recognizes the gentlelady from Florida for  
17307 what purpose?

17308 Ms. Castor. Thank you, Mr. Chairman. I have an  
17309 amendment at the desk.

17310 [The Amendment offered by Ms. Castor follows:]

17311

17312 \*\*\*\*\*COMMITTEE INSERT 29\*\*\*\*\*

17313 The Chairman. Can you describe that amendment for our  
17314 clerk?

17315 Ms. Castor. It is on age rating.

17316 The Chairman. And do you have a number or a reference?

17317 I think you have got a cheat sheet there.

17318 Ms. Castor. I might. Yes, I do.

17319 The Chairman. Or do you have a copy of it?

17320 Ms. Castor. Yes, I do.

17321 The Chairman. It would just help our staff.

17322 Ms. Castor. This is at the end of the -- it is at the  
17323 very end of the bill to Section 135.

17324 The Chairman. If you have the amendment itself, at the  
17325 top it will give us a number.

17326 Ms. Castor. That is a different amendment.

17327 It is number eight.

17328 The Chairman. Eight? Okay. Let him get that and then  
17329 we will proceed.

17330 Ms. Castor. Thank you.

17331 The Chairman. The Clerk will report the amendment.

17332 The Clerk. An amendment to the amendment in the nature  
17333 of a substitute offered by Ms. Castor.

17334 The Chairman. The amendment, by unanimous is dispensed  
17335 with -- the reading is dispensed with.

17336           The chair recognizes the gentlelady from Florida for 5  
17337 minutes.

17338           Ms. Castor. Thank you, Mr. Chairman.

17339           Colleagues, my amendment changes the Republican's five-  
17340 to-one age rating back to the three-to-one age rating, which  
17341 is the current law. The three-to-one age rating that was  
17342 adopted in the Affordable Care Act is a very important  
17343 consumer protection that prohibits insurance companies from  
17344 charging older adults more for their insurance and I am  
17345 talking a whole lot more.

17346           In changing the age rating, the GOP is allowing  
17347 insurance companies to charge our older neighbors more. So  
17348 the affordability of insurance for our neighbors who are 50,  
17349 age 50 and older up to going into Medicare gets dramatically  
17350 more difficult.

17351           How difficult, you ask? The five-to-one age rating  
17352 would disproportionately harm millions of hard-working  
17353 Americans who are currently participating in the marketplace,  
17354 40 percent of whom are over age 50. A report by RAND on the  
17355 impact of a five-to-one age rating would increase premiums  
17356 for older adults. It says that that age rating would  
17357 increase premiums for older adults by up to \$3,200 a year.

17358           In a February 2017 letter to Chairman Burgess and

17359 Ranking Member Green, the AARP discussed how the ACA has  
17360 helped drop the uninsured rate for Americans age 50 to 64 by  
17361 half. The ACA helped drop it by half. That is a huge  
17362 accomplishment. Think about these folks. They are working  
17363 hard. They didn't have insurance through their employer.  
17364 The Affordable Care Act and the marketplace was a lifeline  
17365 for them and thank goodness, when they went in, they didn't  
17366 have to pay exorbitant premiums and copays. It was kind of  
17367 kept in check.

17368 Additionally a September of 2015 Commonwealth Fund  
17369 analysis found that the change to five-to-one would cause  
17370 400,000 of our older neighbors to lose coverage.

17371 Now remember what President Trump said. He promised  
17372 numerous times that the Republican bill will have better  
17373 health care for more people at a lesser cost. Well, the  
17374 five-to-one age rating included in this Republican bill would  
17375 fail that test. And I can't help but think of my friend,  
17376 Kathy Palmer from Tampa, she was my guest to the Joint  
17377 Session of Congress, the President's address to the Joint  
17378 Session. She is 60 years old. She works two part-time jobs.  
17379 She is a single mom. She is also going to school to get her  
17380 accountant's degree. She has a teenager in high school. And  
17381 before the ACA, she could not afford insurance.

17382           So thanks to the marketplace, and some help with the tax  
17383           credit, and this age rating provision, she was able to afford  
17384           care. And here is the story she told me and she has spoken  
17385           out across my community back home in Tampa. In December, she  
17386           had heart pains. She thought she was having a heart attack.  
17387           She rushed to the emergency room. Thank goodness it was a  
17388           false alarm. But you know what? Can you guess what her  
17389           emergency room bill was? Seventy thousand dollars but,  
17390           ultimately, she paid two hundred dollars because she had  
17391           coverage.

17392           And that is one of the problems with the GOP bill. It  
17393           doesn't commit to coverage. I know the new OMB Director  
17394           today said on today this isn't about insurance coverage,  
17395           again, going back to access. These are the things that are  
17396           impeding, will really harm our neighbors back home and I urge  
17397           you to support this important amendment to take the age  
17398           rating back to an affordable level for our older neighbors  
17399           back home.

17400           The Chairman. The gentlelady yields back the balance of  
17401           her time. The chair recognizes the gentleman from Indiana,  
17402           Dr. Bucshon, for 5 minutes to speak on this matter.

17403           Mr. Bucshon. Mr. Chairman, thank you.

17404           Initial estimates from analysts suggest for the

17405 possibility of success, the individual markets set up by  
17406 Obamacare would need to consist of at least 40 percent of  
17407 young adults. Today, that number sits near 30 percent, which  
17408 has led to destabilized risk pools and driven insurers out of  
17409 many areas of the country. In fact, patients in two-thirds  
17410 of our country are limited to a choice of one or two  
17411 insurers. Across five entire States, patients have only one  
17412 option. The Department of Health and Human Services  
17413 estimates a 25 percent average increase in premiums for the  
17414 millions of Americans on exchanges.

17415 Under Obamacare, premiums may vary on the basis of an  
17416 enrollee's age but by more than a three-to-one ratio. CBO  
17417 suggests this policy inherently raises average premiums.  
17418 Prior to passage to Obamacare, healthcare expenses for the  
17419 elderly pre-Medicare age typically ran 4.8 times higher on  
17420 average than younger patients. This artificial age ban  
17421 inhibits the ability of insurers to provide actuarially sound  
17422 plans driving younger, healthier individuals out of the  
17423 insurance market, skewing risk pools and driving up premiums  
17424 for everyone. The State Age Rating Flexibility Act of 2017,  
17425 which I had introduced and is in this bill, gives control  
17426 back to the States, allowing them to tailor their age rating  
17427 standards to their specific population.

17428 Under this legislation, starting in 2018, States may set  
17429 their age bands anywhere from five-to-one to one-to-one,  
17430 depending on their State. Studies suggest this change would  
17431 add almost 4.5 million individuals under the age of 47 to the  
17432 marketplace and drop average premiums by 9.5 percent.

17433 This flexibility will allow young, healthy patients to  
17434 join the health insurance marketplace, stabilize risk pools,  
17435 allowing insurers to offer patients more options, breeding  
17436 competition and driving down costs for everyone.

17437 And this has been done. In the State of Maine, the  
17438 State where the healthcare market was facing a long-term  
17439 death spiral even before Obamacare, they offered guaranteed  
17440 issue and preexisting condition protections to stabilize  
17441 their market. Maine had an Invisible High-Risk Pool that  
17442 they loosened their age ratio from 1.5 to one to three-to-  
17443 one. As a result of these changes, individuals in their  
17444 early 20s were able to see premium savings of nearly \$5,000 a  
17445 year, while individuals in their 60s saw savings of more than  
17446 \$7,000.

17447 A board member of Maine's Invisible High-Risk Pool  
17448 recently wrote in Health Affairs, as premiums drop, more  
17449 young and healthy applicants entered the market, total  
17450 enrollment increased for the primary insurer in the market

17451 and the individual market's multi-year death spiral was  
17452 reversed.

17453 Mr. Chairman, our plan gives flexibilities to the  
17454 States. It more adequately reflects the real cost of care  
17455 and I urge my colleagues to reject this amendment. I yield  
17456 back.

17457 The Chairman. The gentleman yields back. Are there are  
17458 other members wishing to be heard on this matter?

17459 The chair recognizes the gentlelady from California, Ms.  
17460 Eshoo, for 5 minutes to speak on the amendment.

17461 Ms. Eshoo. Thank you, Mr. Chairman. I move to strike  
17462 the last word.

17463 I think that this is an age tax, in plain English. And  
17464 I don't know what the thinking was in how this was  
17465 constructed but while people over the age of 60 get twice as  
17466 much as individuals under 30, the replacement bill also  
17467 increases the age rating ratio from three-to-one to five-to-  
17468 one. So, you end up with an age tax.

17469 And you are going to hear from a lot of people across  
17470 the country on this. This is going to create some real big  
17471 bills and hardships for people.

17472 Now, AARP says that their previous estimates on the age  
17473 rating change showed the premiums for current coverage could

17474 increase by up to \$3,200 for a 64-year-old, while reducing  
17475 premiums by only \$700 for a younger enrollee. But they say  
17476 the change in structure of the bill will dramatically  
17477 increase premiums for older consumers. And they estimate  
17478 that the bill's changes to the current law's tax credits  
17479 could increase premium costs for a 55-year-old earning  
17480 \$25,000 by more than \$2,300 a year. For a 64-year-old  
17481 earning \$25,000, that increase rises to more than \$4,400 a  
17482 year and more than \$5,800 for a 64-year-old earning \$15,000.  
17483 Why are you doing this? Why are you doing this?

17484 In so much of the conversation and debate this evening,  
17485 one of the things that our Republican colleagues have  
17486 highlighted were out-of-pocket costs for premiums. Well, if  
17487 you objected to what you were describing before, this  
17488 provision has older Americans being forced to pay higher out-  
17489 of-pocket costs for their premiums because of this age-  
17490 adjusted tax credit, given the increase in the adjustment  
17491 ratio.

17492 So, this is an age tax. That is what you have got here.

17493 And I don't think that the -- I should put it this way.  
17494 I think the impacts are really rather significant. If these  
17495 numbers were much lower, at least some people would be able  
17496 to absorb them but these are large amounts. These are large

17497 amounts of money and I just -- it is the opposite of what you  
17498 were -- it is not the opposite of what you were describing  
17499 before relative to higher out-of-pocket costs but now you  
17500 have done a turnaround and you are applying it and you are  
17501 applying it to older Americans and that is why it is an age  
17502 tax.

17503 So I support the gentlewoman's amendment. And I don't  
17504 know if you are going to all get in a huddle after this  
17505 markup and start talking about some of the things that you  
17506 have put into this bill but, if there were to be a huddle, I  
17507 would think it would be around this one because this is going  
17508 to be highly, highly objectionable legitimately by people  
17509 across the country that are anywhere from what, 50 to 54 and  
17510 older.

17511 So, I don't know if anyone would like my last 41 or 40  
17512 seconds. No? All right.

17513 I will yield back. Thank you.

17514 The Chairman. The chair will recognize the chairman of  
17515 the Subcommittee on Health, the gentleman from Texas, Mr.  
17516 Burgess.

17517 Mr. Burgess. Thank you, Chairman, for the recognition.

17518 And Chairman, as you know, our committee has been  
17519 focused on market reforms, market reforms without mandates.

17520 We have talked a lot in the subcommittee about giving States  
17521 options through greater flexibility. Under the Affordable  
17522 Care Act, not only are there mandates on the healthcare  
17523 benefits that must be covered, there are also restrictions on  
17524 cost factors. So focusing on one, the age-rating ratio, many  
17525 states were using a five-to-one age ratio before 2010,  
17526 meaning that the most expensive plan can only cost five times  
17527 more than the least expensive plan, when it comes to  
17528 patients' ages. The Affordable Care Act moved this three-to-  
17529 one -- moved this ratio to three-to-one for all States, all  
17530 States, regardless of their patient needs or circumstances.

17531 During a hearing last year, quoting from a witness from  
17532 that hearing, quote, "making health insurance too expensive  
17533 for healthier young people we want in the insurance pools  
17534 drives them away, increasing the cost of insurance for  
17535 everyone who remains." Closed quote.

17536 Again, looking to the Congressional Budget Office and  
17537 quoting from them, average spending among people who are 64  
17538 years old is about 4.8 times as high as average spending  
17539 among people who are 21 years old.

17540 In a separate hearing, another witness suggested the  
17541 cost for an average 64-year-old may be as much as six times  
17542 that of a 21-year-old. Here is the witness in his own words:

17543 "The average 64-year-old consumes six times as much health  
17544 care in dollar value as the average 21-year-old. Hence, in  
17545 an underwritten insurance market, insurance premiums for 64-  
17546 year-olds are roughly six times as costly as those for 21-  
17547 year-olds. Under the Affordable Care Act, policies are age-  
17548 rated. Insurers cannot charge their oldest policyholders  
17549 more than three times what they charge their youngest  
17550 customers. If every customer remains in the insurance  
17551 market, this has the net effect of increasing premiums for  
17552 21-year-olds by 71 percent and reducing them for 64-year-olds  
17553 by 13 percent."

17554 Mr. Chairman, I don't think it is any secret we want to  
17555 attract younger, healthier patients to healthcare plans.  
17556 Making health insurance more affordable will encourage all  
17557 patients to buy and to keep health insurance without a  
17558 government mandate.

17559 As far back as 2013, the Kaiser Family Foundation argued  
17560 that the percentage of young people necessary to balance the  
17561 risk should be 40 percent. This report calls a scenario  
17562 where young adults represent only 25 percent of enrollees  
17563 what they called the worst-case scenario.

17564 And it goes on to say, quoting here, "but if this more  
17565 extreme assumption of low enrollment among young adults

17566 holds, overall costs in the individual market plans would be  
17567 about 2.4 percent higher than premium revenues. Today, the  
17568 number of young, healthier enrollees is less than 30 percent.  
17569 Initial estimates from analysts suggested for a possibility  
17570 of success the individual markets set up in the Affordable  
17571 Care Act would need to consist of at least 40 percent young  
17572 adults." Forty percent young adults. Today, that number  
17573 sits near 30 percent. So everyone here should be able to  
17574 agree that we need more young, healthy individuals for a  
17575 stable market. It is one of the strongest tools that we have  
17576 to achieve that goal.

17577 Studies suggest that this change would add almost 4.5  
17578 million individuals under 47 to the marketplace and drop  
17579 average premiums by 9.5 percent.

17580 This policy gives control back to the States. It allows  
17581 the States to tailor their age-rating standards to their  
17582 specific population. Each State has different populations  
17583 and they are allowed to set their age rating wherever it most  
17584 advantages their citizens.

17585 Thank you, Mr. Chairman. I will yield back the balance  
17586 of my time.

17587 The Chairman. The gentleman yields back.

17588 Are there other members wishing to be heard on this

17589 matter? The chair recognizes the gentlelady from Colorado,  
17590 Ms. DeGette, for 5 minutes.

17591 Ms. DeGette. Thank you, Mr. Chairman.

17592 Mr. Chairman, when we passed the Affordable Care Act,  
17593 one of the issues that we faced was the fact that older  
17594 Americans who had, oftentimes, more complicated and greater  
17595 healthcare issues and healthcare needs could not afford their  
17596 insurance. And so what we did when we passed the ACA was we  
17597 instituted a three-to-one ratio and that is because we want  
17598 older people, people who are what did they call them earlier  
17599 today, the younger or the almost elderly, the people from 50  
17600 to 65, we want to make sure that people like that can  
17601 actually get insurance that they can afford and get the  
17602 health care that they need.

17603 Now prior to the Affordable Care Act, most States did  
17604 not protect consumers from being charged higher premiums  
17605 solely based on age. And so these older people, many of them  
17606 could not afford to get insurance.

17607 The ACA's three-to-one ratio struck really a good  
17608 balance because it shielded older Americans from paying  
17609 vastly higher premiums than younger, healthier enrollees but  
17610 it also did allow for some age rating. And what would happen  
17611 would be if you did the five-to-one ratio, premiums for older

17612 adults would increase more substantially than premiums would  
17613 decrease for younger enrollees.

17614 And so just for an example, the annual premium for a  
17615 typical silver plan for a 64-year-old would grow from \$8,500  
17616 under the ACA to \$11,000. A 24-year-old enrollee would see  
17617 premiums fall from \$2,800 to \$2,100. And so what would  
17618 happen if you went to a five-to-one ratio, you would actually  
17619 overcharge older adults and undercharge younger adults.

17620 Now, my friends on the other side of the aisle say well,  
17621 we want to encourage enrollment among the young and healthy  
17622 and yes, we do but let's not forget that enrollment among the  
17623 young and healthy has actually been relatively strong under  
17624 the ACA. In 2016, 32 percent of the marketplace enrollees  
17625 were ages 19 to 34, which is pretty comparable to their  
17626 representation in the population. We can always do better.  
17627 I am not suggesting that we have achieved everything we want  
17628 with the young and healthy but to put it on the backs of  
17629 older Americans would only make our situation worse because  
17630 they wouldn't be able to afford insurance.

17631 In fact, if you changed the ratio to five-to-one, that  
17632 would decrease coverage among healthy older adults by as many  
17633 as 400,000 people over age 47.

17634 Now, this is why the AARP came out in opposition to this

17635 legislation. And I know that one of my colleagues has  
17636 already put the letter into the record but what AARP is  
17637 concerned about is for older adults, people who are not  
17638 Medicare-eligible, they will not be able to afford insurance.  
17639 And what AARP estimated is that for a 64 year old senior who  
17640 makes \$15,000 to \$25,000 a year, premium increases could be  
17641 as high as \$7,000 to \$8,000 a year. You tell me who they are  
17642 going to afford that insurance at a salary of \$15,000 to  
17643 \$25,000 a year.

17644 And so I really think this is a very backward way of  
17645 thinking. It didn't work before and it is certainly not  
17646 going to work now. If our goal is to get meaningful health  
17647 insurance for every American, we should stick with our three-  
17648 to-one ratio and fix some other things.

17649 With that, I yield back.

17650 The Chairman. The gentlelady yields back.

17651 The chair recognizes the gentleman from Georgia, our  
17652 pharmacist.

17653 Mr. Carter. Thank you, Mr. Chairman. I am glad we  
17654 finally got to this end of the dais. I appreciate that very  
17655 much.

17656 Mr. Chairman, I want to talk about this real quickly.  
17657 The plan that we are offering here will strengthen the

17658 healthcare market by loosening Obamacare's age-rating ratio,  
17659 which is used to adjust premium amounts according to an  
17660 individual's age.

17661           Obamacare mandated that the cost of the most generous  
17662 plan for older patients can only be three times what younger  
17663 consumers pay for the least generous plan. This unrealistic  
17664 regulation led to insurance pools with older, less healthy  
17665 individuals, while driving younger and healthier Americans  
17666 from the insurance market. This ill-advised three-to-one  
17667 policy led to artificially higher premiums for millions of  
17668 Americans, especially younger and healthier patients.

17669           Loosening the age-rating restriction will help. My  
17670 colleague, Dr. Bucshon, gave the example of Maine. Maine, a  
17671 State where the healthcare market was facing a long-term  
17672 death spiral. Even before Obamacare, they offered guaranteed  
17673 issue and preexisting condition protections. To save lives  
17674 through their market, Maine had an Invisible High-Risk Pool  
17675 that loosened their age ratio from 1.5-to-1 to 3-to-1.

17676           As a result of these changes, individuals in their early  
17677 20s were able to see premium savings of nearly \$5,000 per  
17678 year, while individuals in their 60s saw savings of more than  
17679 \$7,000 a year. As premiums drop, more young and healthy  
17680 applicants entered the market.

17681           Now the plan that we are offering here, Mr. Chairman,  
17682           states that the flexibility in resources experienced these  
17683           same results as they had in Maine. We are told by the health  
17684           economists that the cost of care by age is roughly 4.8-to-1;  
17685           hence, that is where we get the 5-to-1 ratio.

17686           Our plan accepts this reality, loosening the ratio to  
17687           five-to-one and gives the States the flexibility to set their  
17688           own ratio. Obamacare failed to make health coverage more  
17689           affordable for the majority of Americans. Instead, it  
17690           increased costs, it reduced access, everything.

17691           Now, hear this and make sure we understand because we  
17692           just heard it said that this was an age tax. Keep in mind  
17693           that to protect older Americans, our plan will also provide a  
17694           more generous tax credit to older Americans purchasing  
17695           coverage in the individual market. So we are offsetting  
17696           that. This is not an age tax. Keep that in mind. Our age-  
17697           rating reform will help bring younger enrollees get health  
17698           care and improve the deteriorating individual insurance  
17699           market for everyone. This flexibility will allow young,  
17700           healthy patients to join the Health Insurance Marketplace,  
17701           stabilizing risk pools, allowing insurers to offer patients  
17702           more options, breeding competition -- breeding competition  
17703           and driving down costs for everyone.

17704           So four major points there, Mr. Chairman. First of all,  
17705 the real cost of care by age is roughly 4.8-to-1, according  
17706 to health economists. So our plan accepts this reality. It  
17707 loosens the ration to five-to-one and it gives the States the  
17708 flexibility to set their own ratio.

17709           Third, the third point is to protect older Americans.  
17710 Our plan also provides a more generous tax credit to older  
17711 Americans purchasing coverage in the individual market.

17712           So I think it is erroneous and I think it is misleading  
17713 to say that this is an age tax. It is not. This is simply  
17714 going to make the markets more competitive. So I hope that  
17715 we will defeat this amendment because what we are offering  
17716 here is going to achieve exactly what we are trying to trying  
17717 to achieve and that is more competition in the marketplace.

17718           And I yield back.

17719           Mr. Bucshon. Will the gentleman yield?

17720           Mr. Carter. I do.

17721           Mr. Bucshon. Just a quick point also. This is one of  
17722 the main reasons why the exchanges are spiraling and  
17723 insurance companies are dropping out. Young, healthy people,  
17724 the predicted percentage of 40 percent is around 28 to 30  
17725 percent. Because of that, costs are going up for everyone,  
17726 further driving even more people out of the marketplace and

17727 that is why the exchange is -- one of the main reason the  
17728 exchanges are failing.

17729 This type of change will bring the cost down for  
17730 everyone and encourage younger, healthier people to get into  
17731 the market and, as they do, the costs will continue to come  
17732 down, of course, because their risk is less.

17733 I yield back to the gentleman.

17734 Mr. Carter. Mr. Chairman, I will yield back the  
17735 remainder of my time.

17736 The Chairman. The gentleman yields back. Are there  
17737 other members seeking recognition?

17738 The chair recognizes the gentlelady from Illinois for  
17739 purposes of debate on this amendment.

17740 Ms. Schakowsky. Thank you, Mr. Chairman.

17741 What I would say to my colleagues across the aisle, if  
17742 you don't think that your town hall meetings are raucous  
17743 enough, then I would definitely suggest that you vote against  
17744 this amendment.

17745 It is just shocking to me that at the same time that  
17746 your bill would give a \$600 billion tax cut to the richest  
17747 Americans and corporations, that you are going to figure out  
17748 a way -- and you have got it all figured out I know. You  
17749 have all added it up. I know in the tax credit, well that is

17750 going to make all the difference in the world. The tax  
17751 credit, which is not even based on income, it is just based  
17752 on age, is going to fix everything here. And you are going  
17753 to take it out on the backs of senior citizens. And the  
17754 median annual income of a senior purchasing insurance on the  
17755 exchange is \$25,000 -- \$25,000. And let's just figure out  
17756 how we are going to make them pay more out-of-pocket for  
17757 their health care. That is exactly what we were trying to  
17758 address in the Affordable Care Act. How are we going to make  
17759 it possible for seniors to get the health care they need?  
17760 Never mind saving for retirement. We are talking now about  
17761 the 50- to 64-year-olds, where we have a huge retirement  
17762 crisis right now. People don't have a penny in the bank in  
17763 order to retire, largely because they are paying so much  
17764 money for their healthcare costs.

17765 Now we could figure out with \$600 billion how we might  
17766 be able to figure out a scheme that would protect those  
17767 senior citizens and would be able to attract the younger  
17768 people. And I don't know if Maine is the only example of how  
17769 this thing worked, if it has really been tested. AARP says  
17770 seniors are going to pay \$3,000 more or even above that and  
17771 the young people will see \$700 less that they pay. I am not  
17772 sure how that actually works out.

17773           So you know I think this is an absolutely crazy thing to  
17774 do. I agree with my colleagues who called this an age tax.  
17775 That is exactly what we are dealing with right now.

17776           And I am just wondering. I want to ask my Republican  
17777 colleagues, did you really come to Congress to take health  
17778 care away from senior citizens? Because that is what  
17779 happens. When you can't afford the care, you don't get the  
17780 care. We have all heard the stories of seniors cutting their  
17781 medication in half, taking a pill every other day, of not  
17782 going to the doctor, of putting off the kind of preventative  
17783 care that they need because they simply can't afford their  
17784 health care.

17785           And you know just all this adding it up I think with  
17786 very little evidence that this kind of thing is going to  
17787 absolutely attract young people to come in. We do have a  
17788 problem there. Let's sit down and figure that out and figure  
17789 out maybe we can lower the cost for young people but to ask  
17790 our seniors -- and by the way, it gives the States permission  
17791 not just to go to five-to-one, they could go to six-to-one,  
17792 or seven-to-one. In other words, insurers could charge any  
17793 darn thing they want to the senior citizens at any level they  
17794 want. As long as the State says that it is going to be okay,  
17795 they could set that rate at any place.

17796 I just think this -- and it is not just me. The 35  
17797 million members of AARP are not going to be greeting this  
17798 message and your vote with glee here. They are not going to  
17799 congratulate you for figuring out how to balance the  
17800 healthcare market, I assure you.

17801 I have been working professionally with senior citizens  
17802 long before I was one myself. And I know that this is going  
17803 to be a real thorn in their side and is not necessary. We  
17804 don't need to do this. You don't need to vote against this  
17805 amendment. And I support the woman's amendment and would  
17806 like to see it passed.

17807 I yield back.

17808 The Chairman. The gentlelady yields back.

17809 Other members seeking recognition? The chair recognizes  
17810 the gentleman from Texas, Mr. Flores.

17811 Mr. Flores. Thank you, Mr. Chairman. One of the  
17812 primary reasons, as you have heard already, for the death  
17813 spiral that Obamacare exchanges are in is because of this  
17814 artificial three-to-one ratio. If you think about it for a  
17815 minute, if the cost to provide health care to a 60-year-old  
17816 is \$500 a year but you only charge them \$300 a year and you  
17817 are taking that \$200 difference and charging it to a younger  
17818 population, that is an age tax but it is an age tax on the

17819 younger. It is an age tax on the 27-year-old who is just  
17820 starting in their career, who has a lower income, who can't  
17821 afford to buy as much as somebody who is farther along in  
17822 their career can. And so it is an age tax. It hurts our  
17823 millennial generation because it is an inter-generational  
17824 transfer of funds of costs from one generation to a younger  
17825 generation and that is what we shouldn't have.

17826 My first economics professor taught me something I have  
17827 never forgotten. She said the laws of economics are like the  
17828 laws of gravity. The more you violate them, the harder the  
17829 impact at the end. By artificially setting the underwriting  
17830 ratio at three-to-one instead of what the real costs are, you  
17831 are causing a disruption. So you are causing younger people  
17832 to not be able to afford their health care because it is more  
17833 expensive than the product they are buying and so they don't  
17834 buy it. And so then you wind up with an older population  
17835 that is expensive that is not paying the full share of the  
17836 cost on an underwriting basis and the whole system collapses.

17837 And that is what happened. And that is the reason why  
17838 we have got younger, healthier Americans that are driven away  
17839 from the insurance markets and that has caused prices to rise  
17840 for all consumers. In fact, persons who purchased insurance  
17841 through Obamacare's individual marketplace saw their monthly

17842 premiums increase by an average of 25 percent.

17843 So our plan, our proposal, accepts reality and it allows  
17844 the States to set their own rate up to five-to-one. And our  
17845 goal is to pull health insurance markets out of a death  
17846 spiral by encouraging younger people to purchase health  
17847 coverage and incur more health coverage options to help drive  
17848 down costs for everyone.

17849 The gentlelady's amendment also, by having a three-to-  
17850 one ratio says that older patients with the most generous  
17851 plan are only charged three times what younger consumers pay  
17852 for the least generous plan. So, there is a further  
17853 violation of the laws of economics in that.

17854 I can understand why AARP doesn't like this is because  
17855 they are not getting young people to subsidize the cost of  
17856 care for their population. And look, I am part of that  
17857 population so it seems to me like I ought to pay for my share  
17858 of the cost of the coverage that I incur.

17859 And Mr. Chairman, I yield back.

17860 The Chairman. The gentleman yields back the balance of  
17861 time.

17862 Mr. Carter. Would the gentleman yield? Can I --

17863 The Chairman. That would be up to Mr. Flores.

17864 Mr. Flores. I yield to Mr. Carter.

17865 Mr. Carter. Mr. Chairman, very quickly, the gentleman  
17866 has just articulated it excellent and thank you for doing  
17867 that. Because the point is even Obamacare, when Obamacare  
17868 was proposed, this is what the idea was, to get more young  
17869 people into the healthcare market, into the health insurance  
17870 market. It didn't work. It didn't work at three-to-one. We  
17871 give you an example of where it did work in Maine. It saved  
17872 money. It saved 20-year-olds \$5,000 per year. It saved  
17873 those in their 60s \$7,000 per year.

17874 This is not an age tax. We are giving a tax credit,  
17875 more of a tax credit to those older people who need it. We  
17876 get them in the market, along with the younger people. We  
17877 increase competition and then the costs go down.

17878 Of all the things that we have done in this plan, this  
17879 is one of the best things that we have done. I would submit  
17880 to you that this is going to help competition as much as  
17881 anything is going to.

17882 So I thank the gentleman from Texas for doing such a  
17883 good job of articulating that. And I will submit again that  
17884 three-to-one it didn't work in Obamacare. We are going to  
17885 try it this way. It is not going to cost the older people  
17886 any more. They are going to get a tax credit for it. This  
17887 is going to increase competition.

17888 Mr. Chairman, I yield.

17889 The Chairman. The gentleman yields back the balance  
17890 time to Mr. Flores. Mr. Flores --

17891 Mr. Flores. I yield back the balance of my time.

17892 The Chairman. -- yields back.

17893 Other members seeking recognition? The chair recognizes  
17894 the gentleman from North Carolina.

17895 Mr. Butterfield. Mr. Chairman, I just have a brief  
17896 question of Counsel. I can do this very quickly.

17897 Is the five-to-one ratio aspirational or is it actually  
17898 a ceiling?

17899 Counsel. So, page 66 sets the ratio at five-to-one but  
17900 states could narrow or expand that ratio.

17901 Mr. Butterfield. States could go beyond. And would you  
17902 think a State like North Carolina would exceed the five-to-  
17903 one ratio?

17904 The Chairman. That is not a --

17905 Mr. Butterfield. That is rhetorical. I withdraw the  
17906 question.

17907 The Chairman. Yes, thank you.

17908 Mr. Butterfield. Thank you, Mr. Chairman, I yield back.

17909 The Chairman. Thank you. The gentleman yields back.

17910 Any members on this side of the aisle? Other members?

17911 I guess we go down here to Mr. Sarbanes. You are recognized  
17912 to speak for 5 minutes to speak on the amendment.

17913 Mr. Sarbanes. Thank you, Mr. Chairman. I don't know  
17914 that I need 5 minutes. I am very concerned about changing  
17915 the age rating and I am even more concerned to hear that this  
17916 five-to-one is sort of a guideline but States can go on  
17917 either side of that because once you take down the  
17918 guardrails, which is essentially what the age rating is, you  
17919 begin to slice the insurance pool back up in ways that  
17920 completely undermine the principle of broadening insurance  
17921 pool, spreading risk in a way that can make the pool viable  
17922 and also those who are benefitting from the coverage in the  
17923 pool addressed in an effective way.

17924 So I worry that there is a combination effect occurring  
17925 with respect to older Americans and that combination is  
17926 negative and it comes from the age rating being changed,  
17927 which is going to have a significant impact on the premiums  
17928 that are being paid by older Americans in the health  
17929 exchanges.

17930 The supports to help alleviate the burden of some of the  
17931 deductibles and copayment assistance or copayments that are  
17932 in the current ACA are also going away. So that extra  
17933 support that is available will not be there anymore.

17934           And then the notion that the tax, these flat tax  
17935 credits, you know there is a couple of tiers to them, but the  
17936 idea that those, in any way, can substitute for the  
17937 affordability credits that are being pulled away is nonsense.  
17938 Every analysis that has been done so far suggests that,  
17939 again, particularly for those adults who are in the higher  
17940 age brackets within the insurance exchange, the health  
17941 exchanges, the credits that are available to them under this  
17942 proposed legislation don't come anywhere close to making up  
17943 for the affordability credits that are being lost.

17944           And so you have the combination of the tax credits being  
17945 less, essentially being downgraded. You have assistance with  
17946 respect to deductibles and copayments going away and then  
17947 taking these guardrails out of the picture, which are the age  
17948 ratings. And those ratios further aggravate the impact on  
17949 those in the higher age bracket who are getting their  
17950 coverage through the health insurance exchanges.

17951           So you put all that together and it is really a  
17952 significant burden on those folks in the health insurance  
17953 exchanges. And for that reason, I don't think we should be  
17954 changing the age rating, particularly in the context of all  
17955 of these other things that are happening.

17956           I yield back.

17957           The Chairman. The gentleman yields back the balance of  
17958 time.

17959           Other members seeking recognition on this amendment?

17960           The chair recognizes the gentleman from New Mexico for 5  
17961 minutes for purposes of striking the last word.

17962           Mr. Lujan. Thank you, Mr. Chairman. Good morning, sir.

17963           The Chairman. Good morning.

17964           Mr. Lujan. Counsel responded to Mr. Butterfield's  
17965 question in a way that caught my attention. I wasn't  
17966 intending on asking anything during this round.

17967           Did I hear General Counsel say that the age rating is  
17968 changed to five-to-one in this bill?

17969           Counsel. Five-to-one and States can expand or narrow  
17970 the band.

17971           Mr. Lujan. So that is the part that I want to zero on.  
17972 States can expand or narrow. What does that mean?

17973           Counsel. They could go below five-to-one. They could  
17974 go above five-to-one.

17975           Mr. Lujan. It could be ten-to-one.

17976           Counsel. It would be at the State's discretion.

17977           Mr. Lujan. It could be twenty-to-one.

17978           Counsel. That's correct.

17979           Mr. Lujan. It could be two-to-one.

17980 Counsel. It could be two-to one.

17981 Mr. Lujan. So why put a number in there at all?

17982 Mr. Chairman, the Republicans in this bill chose to put  
17983 a number in there that they have been bragging on that is  
17984 five-to-one and I guess I didn't fully appreciate this.  
17985 Maybe when Counsel was reading the bill yesterday morning  
17986 they were going a little fast here so I didn't catch that, as  
17987 I was going through it. Maybe it was when I went to the  
17988 restroom, Mr. Chairman, and I got scolded for that one, too.

17989 The Chairman. There you go.

17990 Mr. Lujan. But help me understand that. Then is five-  
17991 to-one a suggestion?

17992 Mr. Carter. Will the gentleman yield?

17993 Mr. Lujan. Sure.

17994 Mr. Carter. As we said before, health economists have  
17995 said that cost of care by age is roughly 4.8-to-1. Hence,  
17996 that is where we got the five-to-one.

17997 Mr. Lujan. You are not saying it shall be five-to-one  
17998 and only be five-to-one. That is not what this bill says.  
17999 Correct, Counsel?

18000 Counsel. It sets it at five-to-one but States can  
18001 narrow or expand.

18002 Mr. Lujan. Do States need to apply for a waiver to

18003 expand or contract?

18004 Counsel. No.

18005 Mr. Lujan. States can on their own determine whatever  
18006 ratio they want.

18007 Counsel. Yes.

18008 Mr. Lujan. So I go back to the question I asked before.  
18009 Why are Republicans setting a number to begin with, just so  
18010 they can feel good about themselves? I just don't understand  
18011 that.

18012 Mr. Shimkus. Will the gentleman yield?

18013 Mr. Lujan. Mr. Shimkus.

18014 Mr. Shimkus. I mean just following up on what was  
18015 stated earlier is that the desire to get the young, healthy  
18016 people into the market.

18017 Mr. Lujan. But reclaiming my time, the point that I am  
18018 trying to make here is while five-to-one has been talked  
18019 about, maybe there is some numbers that people can cite, the  
18020 bill does not require five-to-one. The bill says States can  
18021 do whatever you want. So we suggest you do five-to-one is  
18022 what the bill says but States can do whatever they want. It  
18023 could be ten-to-one, eight-to-one, seven-to-one, whatever the  
18024 States determine.

18025 I am sorry, Mr. Chairman, I guess I just caught that

18026 all.

18027 Mr. Green. Will the gentleman yield?

18028 Mr. Lujan. I yield to Mr. Green.

18029 Mr. Green. The five-to-one, is that -- so getting older  
18030 is going to be a preexisting condition. So people 62, 63  
18031 will have to pay that much more premium to draw in the young  
18032 and invincibles. It sounds like a preexisting condition to  
18033 me.

18034 Mr. Lujan. Mr. Sarbanes. I yield to Mr. Sarbanes.

18035 Mr. Sarbanes. Well, yes, just picking up on the theme  
18036 here. I mean this is being stated as an effort to encourage  
18037 the young and healthy to get in but if you get to ten-to-one  
18038 or fifteen-to-one, I mean getting them in at a certain point  
18039 doesn't offer you much benefit if they are getting in for a  
18040 nickel and all of the premium costs are being loaded up to  
18041 these folks who are in the higher age bracket.

18042 So there is a rationale to putting the ratio in a place  
18043 where there is some connection there because, otherwise, you  
18044 are not going to get people coming in who are young and  
18045 healthy who are benefitting the pool with the premiums that  
18046 they are paying. So, I yield back.

18047 Mr. Lujan. And Mr. Sarbanes, I guess the only thing  
18048 that concerns me more than that is there is no protections

18049 for those that are older in here, none. That ratio can be as  
18050 high as the State wants it. Our Republican colleagues can't  
18051 even set a cap. Maybe we add an amendment --

18052 The Chairman. Will the gentleman yield?

18053 Mr. Lujan. -- that would say it can be no more than a  
18054 hundred-to-one. At least that is a start.

18055 The Chairman. Will the gentleman yield?

18056 Mr. Lujan. Yes, sir, Mr. Chairman.

18057 The Chairman. Were you not on a public utility  
18058 commission?

18059 Mr. Lujan. I was, Mr. Chairman.

18060 The Chairman. Didn't you set rates? How the heck can  
18061 we trusted you to set rates at the State level?

18062 Mr. Lujan. Mr. Chairman, reclaiming my time.

18063 The Chairman. I don't get it.

18064 Mr. Lujan. Reclaiming my time. Mr. Chairman, you and I  
18065 both know when you are establishing rates and you are looking  
18066 at rates, you have a fixed rate in there. And so what you  
18067 have done is you have said we will suggest a --

18068 The Chairman. The gentleman's time has expired.

18069 Mr. Lujan. Mr. Chairman, you took a little of my time  
18070 there.

18071 The Chairman. Well, you yielded to me. The gentleman's

18072 time has expired.

18073 Mr. Lujan. Mr. Chairman, you are suggesting the utility  
18074 should only pay whatever, five cents a kilowatt hour but you  
18075 can feel whatever you feel like charging to that customer.

18076 The Chairman. No, that is not --

18077 Mr. Lujan. You are setting the range --

18078 The Chairman. The gentleman's time has expired.

18079 Mr. Lujan. Another thought it is why details matter in  
18080 these legislations.

18081 The Chairman. The gentleman's time has expired. I am  
18082 going to recognize myself to continue this discussion because  
18083 I find it fascinating.

18084 Because we have a couple of former rate regulators from  
18085 the State and I might ask my colleague, Mr. Cramer, who was  
18086 an elected rate regulator.

18087 So why is it that only a Washington politician or  
18088 bureaucrat knows the right rate and it is arbitrary and not  
18089 based on the marketplace? Is there a reason that we wouldn't  
18090 trust somebody at the State level to take care of their  
18091 constituents?

18092 Mr. Cramer. My answer would not be as clear and  
18093 articulate as your question. You answered the question with  
18094 the question.

18095 The Chairman. Tell me about that.

18096 Mr. Cramer. Well, I was sitting here listening and I  
18097 had the exact same thought as you asked. I was sitting here  
18098 thinking what in the world would we be doing if turned North  
18099 Dakota's utility rates over to the FERC. That would make no  
18100 sense because we, in North Dakota, know the cost of the  
18101 resource, the cost of the transmission, whether it is  
18102 electricity or gas. We are the experts on the ground with  
18103 the customer. And to somehow suggest that we should be  
18104 confined by some Washington mandate violates really what is  
18105 best for the people that we work for.

18106 So your question to Mr. Lujan is exactly what was  
18107 running through my mind.

18108 Mr. Lujan. Will the gentleman yield?

18109 The Chairman. And the stunning thing --

18110 Mr. Lujan. Will the gentleman yield?

18111 The Chairman. The stunning thing to me is that Mr.  
18112 Lujan, himself, was a public utility commissioner and they  
18113 looked at the market. They looked at their resources. They  
18114 looked at what mattered to New Mexico, and I assume didn't  
18115 stick it to the consumer just because they could.

18116 Mr. Cramer. Well, if they did, you wouldn't be in the  
18117 job very long.

18118 The Chairman. Okay and that would apply to any  
18119 commissioner anywhere. I am not picking on Mr. Lujan here.

18120 Mr. Cramer. That's true.

18121 The Chairman. But I am just saying I am thinking  
18122 through my days in the State legislature --

18123 Mr. Lujan. Mr. Chairman, since you have used my name a  
18124 few times, would you yield to me?

18125 The Chairman. Of course I will, in just a second, to my  
18126 good friend.

18127 Mr. Lujan. Thanks.

18128 The Chairman. But my point is this is the seminal  
18129 difference between, I guess on this issue at least, between  
18130 us on the Republican side and you all on the Democratic side,  
18131 which is we actually trust people closer to the patient,  
18132 closer to the consumer to make this decision better than some  
18133 bureaucrat back here and I would just take you back to my  
18134 comments from Governor Herbert in Utah, who had to plead with  
18135 a bureaucrat in Washington to be able to use this new  
18136 technology called email to email his Medicaid recipients who  
18137 had email and he was turned down by the Federal bureaucrat by  
18138 email. And it would have saved \$6 million for the State of  
18139 Utah that could have gone into health care. But oh, no,  
18140 Washington bureaucrat knew best and the Obama administration

18141 said no, you can't use this wild new, crazy technology that  
18142 everybody else uses. You can't save your State \$6 million.  
18143 You have got to continue to use snail mail.

18144 This makes no sense. So yes, I would now yield to my  
18145 friend.

18146 Mr. Lujan. Mr. Chairman, I just hope all the seniors  
18147 that are watching here understand that there is no  
18148 protections for them against these rate increases.

18149 And as I reminded the Chairman earlier, your good  
18150 Governor from Oregon said the Republic bill will increase  
18151 costs for women and seniors. Now I see why.

18152 The Chairman. So I am reclaiming my time. The good  
18153 Governor and I have a disagreement, too. Oregon voters voted  
18154 to dedicate a whole bunch of lottery money to help our  
18155 veterans and she took the money out of her budget from  
18156 general fund that was there for veterans. They are feeling  
18157 really sold out right now, I will tell you. So, the Governor  
18158 and I have a little difference of opinion there.

18159 But the bottom line is we believe in the States and the  
18160 closer we get these decisions back to the people who are  
18161 right there in the communities, it is what we believe in with  
18162 the CCOs. It is what we believe in in other parts of what we  
18163 do. And for the life of me, I can't imagine why, if it were

18164 Mr. Cramer back in North Dakota, he would think it is in his  
18165 best interest or the best interests of the consumers in North  
18166 Dakota to come up with some cockamamie scare tactic rate that  
18167 doesn't work for them. This makes no sense.

18168 And by locking in this arbitrary three-to-one, that is  
18169 the arbitrary number here is what you all did to lock it in.  
18170 You stuck it to the younger generation. Please. You stuck  
18171 it to the younger generation --

18172 Mr. Lujan. Will the chairman yield?

18173 The Chairman. No, I will not yield. You stuck it to  
18174 the younger generation and they said not buying what you are  
18175 selling. That is why 19.2 million people under the age of 35  
18176 -- 45 percent of whom are under the age of 35, said I will  
18177 pay the IRS penalty, that is your enforcement mechanism, or I  
18178 will get a waiver but I am not buying insurance so I am out  
18179 of the pool.

18180 My time has expired.

18181 Other members seeking recognition? Sorry, I have got to  
18182 go by seniority. Mr. Tonko.

18183 Mr. Tonko. Thank you, Mr. Chair.

18184 I rise in support of the gentlelady's amendment to  
18185 eliminate the age tax. Older Americans are among the hardest  
18186 hit by this Republican plan. Not only would the propose tax

18187 cuts drain away the Medicare Trust Fund to pay for a handout  
18188 for the wealthy, this Republican plan also repeals a common  
18189 sense protection within the Affordable Care Act that kept  
18190 premiums under control for those in their 50s and 60s.  
18191 Instead, under this Republican plan, older Americans will be  
18192 forced to spend their pre-retirement years paying thousands  
18193 more every year just to keep their health care. Then, we are  
18194 hitting seniors with massive Medicaid cuts that will  
18195 jeopardize their long-term care. I don't think it is a  
18196 winning political strategy, for certain, to kick granny out  
18197 of the nursing home.

18198 This entire bill is an attack on seniors. The Brookings  
18199 Institute has estimated that this Republic repeal bill would  
18200 not only impose a new age tax on seniors, it will hasten the  
18201 insolvency of the Medicare Trust Fund by 2024.

18202 Earlier tonight or perhaps yesterday, I heard my  
18203 colleagues talk about how the ACA raided billions of dollars  
18204 from Medicare. I would ask Counsel does this Republican  
18205 repeal bill return this funding to Medicare that my  
18206 Republican colleagues care so deeply about? Does it return  
18207 any dollars to the Trust Fund?

18208 Counsel. Mr. Tonko, the Energy and Commerce print  
18209 doesn't have any provisions related to Medicare.

18210 Mr. Tonko. But you must know the elements or whether or  
18211 not there is a plan to restore funds to the Medicare Trust  
18212 Fund to make it more solvent.

18213 Counsel. Which trust fund are you referencing?

18214 Mr. Tonko. The Medicare Trust Fund.

18215 Counsel. Which Medicare Trust Fund?

18216 Mr. Tonko. Just in general.

18217 Counsel. There are multiple. There are two.

18218 Mr. Tonko. Does it return it to any of them?

18219 Counsel. There are two Medicare Trust Funds, the Part A  
18220 Trust Fund and the Part B Trust Fund.

18221 Mr. Tonko. So does it return to either of those?

18222 Counsel. There are no Medicare provisions within the E  
18223 and C bill.

18224 Mr. Tonko. But I hear there is all these buckets that  
18225 you are going to. Is there a plan here to make that fund  
18226 more solvent, based on what has happened to it here?

18227 Counsel. Which trust fund?

18228 Mr. Tonko. Either one of them.

18229 Mr. Shimkus. Will the gentleman yield? We are not  
18230 addressing Medicare. Will the gentleman yield?

18231 We are not addressing Medicare in this bill. Our  
18232 provisions are Medicaid.

18233 Mr. Tonko. Okay so I guess we don't make an effort here  
18234 to make the trust fund more solvent and that is because this  
18235 bill is simply a tax cut for the wealthy in healthcare bill  
18236 clothing. Instead of investing in health care, we are  
18237 investing in healthcare CEOs on the backs of the elderly.

18238 And with that, I yield back.

18239 The Chairman. The gentleman yields back the balance of  
18240 time. Other members seeking recognition?

18241 The chair recognizes the gentleman from Illinois, Mr.  
18242 Shimkus.

18243 Mr. Tonko. I yield to the gentleman from Maryland.

18244 The Chairman. You yielded back so I went to -- all  
18245 right.

18246 Mr. Tonko. I didn't see his hand up.

18247 Mr. Sarbanes. I just wanted to --

18248 The Chairman. Let us reset the clock to 2 minutes.

18249 Mr. Sarbanes. Can I just ask Counsel --

18250 The Chairman. If the gentleman would suspend.

18251 Mr. Sarbanes. Yes.

18252 The Chairman. Yes, just hit it. We will stop at 3.

18253 Mr. Sarbanes. Yes, do you know if --

18254 The Chairman. Well no, wait a minute. Please stand by.

18255 We are experiencing technical difficulties.

18256 Just let it go. Okay, we will go until 2.

18257 Go ahead. Mr. Sarbanes is recognized for 2 minutes.

18258 Mr. Sarbanes. Does Counsel know whether it was the case  
18259 that at the State level in various states there were  
18260 situations where insurance companies were allowed to  
18261 discriminate against patients based on a preexisting  
18262 condition prior to the passage of the ACA?

18263 Counsel. Yes.

18264 Mr. Sarbanes. Okay, I just want to say thank God for  
18265 wherever the pointy-headed Washington bureaucrat is who  
18266 decided that States could no longer discriminate based on  
18267 preexisting conditions. It is not always a good and a virtue  
18268 to send it back to the States.

18269 One of the reasons we are here is to try to put some  
18270 kind of constraints in place, bring some rational thinking  
18271 based on expert testimony that we get here as to how these  
18272 insurance products ought to be regulated and that extends to  
18273 the rating guardrail systems as well.

18274 And we keep hearing about this bogeyman of this  
18275 bureaucrat that is hidden away in Washington that is trying  
18276 to run everybody's lives. There is a decent respect for the  
18277 balance in a Federalist system between our perspective, a  
18278 Federal perspective and what happens at the States. But when

18279 the practices get out of line in a way that harm people,  
18280 there is an appropriate role to be played to step in and  
18281 provide some kind of restrictions and requirements. And that  
18282 is what we are talking about with age rating and that is what  
18283 we are talking about in terms of a ban on discrimination  
18284 based on preexisting conditions and other things.

18285 And I yield back.

18286 The Chairman. The gentleman's time has expired.

18287 The chair recognizes the gentleman from Illinois, Mr.  
18288 Shimkus for 5 minutes.

18289 Mr. Shimkus. Thank you, Mr. Chairman.

18290 Just going back just on the -- well, this isn't Medicare  
18291 but when Secretary Sebelius was testifying, and I mentioned  
18292 this in a health care hearing a couple of weeks ago, she  
18293 eventually admitted that they double counted \$500 billion.  
18294 They counted \$500 billion as a pay-for for Obamacare and then  
18295 she also admitted that they counted that same \$500 billion as  
18296 a savings of the Medicare Trust Fund. So it was a momentous  
18297 occasion to get her to agree that she double counted \$500  
18298 billion.

18299 On this discussion about what the savings will be to  
18300 encourage the young healthy back in the market, Standard &  
18301 Poor's did an initial estimate of the bill before us and it

18302 projects increased affordability for the eligible younger  
18303 population, resulting in an improved risk pool in the  
18304 individual market. And that is what we want. We want an  
18305 improved risk pool, a stronger one, a more youthful one.

18306 S&P projected that average premiums for 21-year-olds  
18307 would decline by 20 percent as a result of the replacement  
18308 plan. Using the national average national premium price from  
18309 the 2016 marketplace, a 20 percent decrease would mean annual  
18310 premiums of \$2,625 compared to average annual premiums of  
18311 \$3,2081 for the 21-year-old.

18312 And with that, I will turn to see if anyone else wants  
18313 additional time. And if not, I will yield back.

18314 Mr. Burgess. [Presiding.] The chair thanks the  
18315 gentleman. The gentleman yields back.

18316 The chair recognizes the gentleman from Massachusetts --  
18317 or for what purpose does the gentleman from Massachusetts --

18318 Mr. Kennedy. To strike the last word, Mr. Chairman.

18319 Mr. Burgess. The gentleman is recognized for 5 minutes.

18320 Mr. Kennedy. Thank you, Mr. Chairman.

18321 A couple of points that I just wanted to weigh in on.

18322 First, for our colleague from Texas, Mr. Flores, I  
18323 appreciated the explanation that you gave and I thought it  
18324 was a good one about the structure and the way that we bring

18325 people in for the insurance markets and why it is important  
18326 to try to keep those costs low for younger Americans so that  
18327 they will come in to those insurance pools and offset the  
18328 risk and the importance of having those healthy risk pools.

18329 I think where you see some push back from Democrats on  
18330 this is one, not the idea that there is some wealth transfer  
18331 or that one age bracket is subsidizing the other but that in  
18332 the structure of this bill is also a \$600 billion tax cut to  
18333 the wealthy. And there is plenty of ways that that \$600  
18334 billion could be used, rather than giving a tax cut for  
18335 insurance company CEOs to increase their pay. It could be  
18336 used to offset some of the costs for our seniors instead.

18337 And so look, in Massachusetts we have actually, as we  
18338 talked about before, we have got healthy exchanges. We have  
18339 got good insurance coverage. We have got a robust economy.  
18340 One of the issues there is we actually have a better  
18341 insurance product for people in the marketplace and we yes,  
18342 actually have a stiffer penalty than the federal penalty was  
18343 across the board. So it was a tougher penalty for you not to  
18344 engage but it was a better product if you did.

18345 Now you all have structured this a bit differently with  
18346 instead of saying a penalty to let your insurance lapse, it  
18347 is a penalty to get back in. As we have well-established,

18348 there is no CBO score yet. We don't know how much this is  
18349 going to cost. We don't know what the insurance implications  
18350 are going to be about who gets in and who gets out. But the  
18351 fact is is that structure is actually quite similar.

18352 The rhetoric around this happens to be that somehow  
18353 paying that fine or fee or tax the Government is tyranny but  
18354 paying it to an insurance company is somehow freedom, which  
18355 is an interesting way of looking at it. I never looked at an  
18356 insurance company so positively but I am open to the  
18357 suggestion from our colleagues that somehow investing in the  
18358 insurance market is an act of freedom.

18359 The second point I would like to make and Chairman  
18360 Walden had talked about trusting those closest to the issue  
18361 and I think that is a very valid point. I would point the  
18362 chairman and other members of the committee to The New York  
18363 Times piece today, another one, that pointed that in fact the  
18364 American Hospital Association, the Association of American  
18365 Medical Colleges, the Catholic Health Association of the  
18366 United States, and the Children's Hospital Association, along  
18367 with the American Nurses Association, the American Medical  
18368 Association, and AARP have all come out against your bill.

18369 So, if we are talking about the medical community of  
18370 nurses, hospitals, faith community, they have all looked at

18371 this and given what their position on the front lines. They  
18372 don't like it. So it isn't just bureaucrats in Washington,  
18373 which by the way we are elected to represent our constituents  
18374 back home here and try to figure out the right way to  
18375 legislate, these are those folks that are representing the  
18376 people on the front lines and they don't like it either.

18377 I yield the balance of my time to the ranking member.

18378 Mr. Pallone. I just wanted to follow-up on a few of the  
18379 points that Mr. Kennedy made.

18380 First of all, if the Federal Government didn't step in  
18381 and these are things that you actually agree with now, we  
18382 would still have preexisting conditions. We would still have  
18383 lifetime caps. We would still have annual caps. We would  
18384 still have -- we wouldn't have children up to 26 on a policy.  
18385 So to say that there is no need somehow for the Federal  
18386 Government and we are going to leave this to the old days  
18387 when the States were dealing with these things, belies the  
18388 fact that all of you now agree that some of these  
18389 discriminatory practices have to be federalized and put into  
18390 Federal law. Otherwise, we wouldn't have those protections.

18391 So I don't know why I should treat the age rating any  
18392 differently than these other discriminatory practices and say  
18393 they should be left up to the States, rather than be a

18394 Federal initiative.

18395 Secondly, as Mr. Kennedy said, when you talk about -- if  
18396 I run out of time, Mr. Chairman, I will just take my own time  
18397 after the Republicans.

18398 Mr. Kennedy points out that you are repealing all these  
18399 taxes. Well one of the taxes that you are repealing from my  
18400 understanding actually does impact Medicare and the Trust  
18401 Fund and that is the one that is the, we call it the Medicare  
18402 -- the payroll tax increase. So there is a payroll tax  
18403 increase on the wealthiest American which currently amounts  
18404 to 0.9 percent increase for individual workers with annual  
18405 incomes of more than \$200,000 and couples with more than  
18406 \$250,000. That increase helped --

18407 Mr. Burgess. The gentleman's time has expired. May I  
18408 just ask if there is anyone on the majority side who seeks  
18409 time?

18410 Seeing none, does the gentleman seek --

18411 Mr. Pallone. I will strike the last word, yes.

18412 Mr. Burgess. -- to strike the last word? The  
18413 gentleman is recognized for 5 minutes.

18414 Mr. Pallone. So that, the repeal of that pay-for, if  
18415 you will, it is my understanding will jeopardize the Medicare  
18416 program, put it on less strong financial footing. Now I

18417 understand that is in the Ways and Means Committee, so that  
18418 is why probably the Counsel didn't mention it but it is a  
18419 fact. And this is part of the transfer, if you will where  
18420 these higher income individuals are now going to get a tax  
18421 break and money is not available to use for other things that  
18422 will create more affordability here.

18423 Now look, we can do whatever we want here. My  
18424 understanding is the reason why we went from five-to-one to  
18425 three-to-one was because we were concerned that these people  
18426 between 50 and 64, that there were a lot of them that were  
18427 not insured maybe because when they get to be that age they  
18428 lose their job or sometimes they fire people that are 50 to  
18429 65 because they like to have younger people in the workforce  
18430 and maybe a lot of them weren't able to get insurance. They  
18431 weren't working. They weren't getting insurance on the job.  
18432 And the ACA was very successful in cutting the number of  
18433 uninsured in that age bracket in half. So that was the goal.

18434 The problem that I see is that not only are you  
18435 increasing this age rating to five-to-one but your tax credit  
18436 that you are substituting for, the subsidy that we have is  
18437 not generous enough. So that is where if you weren't getting  
18438 rid of some of these pay-fors you could have a more generous  
18439 tax credit so you wouldn't force these people to go uninsured

18440 again.

18441 I mean the AARP in a letter that I know a number of  
18442 people have cited says that changing the age rating limit to  
18443 five-to-one would increase yearly premiums for an average 60-  
18444 year-old by \$2,100. The combined impact of the provisions --  
18445 in other words, even with the increased tax credit, which I  
18446 guess goes up to almost \$4,000 for this age bracket, a 64-  
18447 year-old earning \$15,000 would see an \$8,400 increase in  
18448 premiums. So this is a person paying \$15,000. How are they  
18449 going to afford \$8,400 increase in their premium? A lot of  
18450 them will lose their insurance. In fact, the letter from the  
18451 AARP says that 400,000 older Americans would lose their  
18452 health coverage altogether.

18453 So look, you are making a decision here which we don't  
18454 agree with. You think you are going to get some more young  
18455 people but, again, if you look at the AARP letter and, again,  
18456 this has been cited many times, there won't be many more  
18457 young people that go into the system and that decide to have  
18458 insurance, even though they are only going to save \$700,  
18459 which may seem like a lot but it may not be, and apparently  
18460 is not, enough of an incentive to get a lot of these young  
18461 people to sign up.

18462 So the problem here is you are sacrificing a lot of

18463 these seniors because you want to get rid of this pay-for,  
18464 including the one that is for the wealthy with the payroll  
18465 tax. You are not getting enough of a generous tax credit to  
18466 these lower income people that get a subsidy who are between  
18467 50 and 64.

18468 So you are not going to sacrifice hundreds of thousands  
18469 of these people who are going to lose their insurance because  
18470 they can't afford it. And at same time, you are not getting  
18471 many young people that are going to be added to the system to  
18472 help finance this insurance pool.

18473 So my point, and I am not making this stuff up, I am  
18474 pretty much citing the AARP letter, which is why they don't  
18475 support the Republican bill here today, is that they have  
18476 concluded that this isn't going to help much. It is going to  
18477 take a lot more seniors off the rolls. It is not going to  
18478 add more young people and this is just the wrong way to go,  
18479 regardless of whether you think States make the right  
18480 decision. You have already admitted that they don't make the  
18481 right decisions in a lot of cases by keeping a lot of the  
18482 anti-discriminatory practices that we have done in the ACA.

18483 So I think this new policy is a failure and it is a good  
18484 reason not to support this legislation.

18485 I yield back.

18486 Mr. Burgess. The chair thanks the gentleman. The  
18487 gentleman yields back.

18488 For what purposes does the gentleman from West Virginia  
18489 seek recognition?

18490 Mr. McKinley. To strike the last word.

18491 Mr. Burgess. The gentleman is recognized for 5 minutes.

18492 Mr. McKinley. Just very quickly, Mr. Chairman.

18493 I have been listening to all this about the wealthiest  
18494 people and how we are taking care of the wealthy. And I just  
18495 get a little concerned about that.

18496 If you look at the list -- first let's go back and  
18497 understand most corporations in the country are S corps and,  
18498 therefore, it is not their take-home pay. This is what their  
18499 corporation is making and we are penalizing those companies  
18500 with it. So this gives -- there was \$117 billion associated  
18501 with this repeal of the Medicare tax on the payroll tax.  
18502 Also part of that, and I would think people would rally  
18503 around this, is we are delaying the Cadillac tax. Now,  
18504 unless someone really wants to go back and punish people for  
18505 having quality insurance programs, I think that is a good  
18506 reduction with that. The same thing with the repealing the  
18507 prescription drug tax or the medical device tax. We have  
18508 talked about that for years. We need to get rid of that

18509 because that is increasing our overall cost.

18510 What about the flexible spending accounts or increasing  
18511 our health savings accounts? Those are how it all comes up  
18512 to us for a pay-for when we take care of those issues with it  
18513 that, overall, was intended to help out on our health care to  
18514 keep our costs down but we should not be punishing our S  
18515 corps out there by virtue of this nine-tenths of a percent on  
18516 a payroll tax.

18517 So, I think it is one more divisive thing that I have  
18518 seen from some folks here on the floor that like to drive  
18519 this wedge by talking about we are just taking care of the  
18520 wealthy and I get weary of that after a while, Mr. Chairman.  
18521 And I just want people to understand there is a lot more to  
18522 that \$600 million than what people were suggesting that there  
18523 has been with that.

18524 If they would just take a little bit of time instead of  
18525 just exaggerating, tell the truth. Tell the truth. Thank  
18526 you.

18527 I yield back.

18528 Mr. Burgess. The gentleman yields back. The chair  
18529 thanks the gentleman.

18530 Are there any members seeking time on the Castor  
18531 Amendment? If not, the question then becomes on adoption,

18532 adoption of the Castor Amendment.

18533 Mr. Pallone. I would like a roll call, Mr. Chairman.

18534 Mr. Burgess. A roll call has been requested. The clerk

18535 will call the roll. The Clerk. Mr. Barton.

18536 Mr. Upton.

18537 Mr. Upton. Votes no.

18538 The Clerk. Mr. Upton votes no.

18539 Mr. Shimkus.

18540 Mr. Shimkus. No.

18541 The Clerk. Mr. Shimkus votes no.

18542 Mr. Murphy.

18543 [No response.]

18544 The Clerk. Mr. Burgess.

18545 Mr. Burgess. No.

18546 The Clerk. Mr. Burgess votes no.

18547 Mrs. Blackburn.

18548 [No response.]

18549 The Clerk. Mr. Scalise.

18550 Mr. Scalise. No.

18551 The Clerk. Mr. Scalise votes no.

18552 Mr. Latta.

18553 Mr. Latta. Votes no.

18554 The Clerk. Mr. Latta votes no.

18555 Mrs. McMorris Rodgers.

18556 Mrs. McMorris Rodgers. No.

18557 The Clerk. Mrs. McMorris Rodgers votes no.

18558 Mr. Harper.

18559 Mr. Harper. No.

18560 The Clerk. Mr. Harper votes no.

18561 Mr. Lance.

18562 Mr. Lance. No.

18563 The Clerk. Mr. Lance votes no.

18564 Mr. Guthrie.

18565 Mr. Guthrie. No.

18566 The Clerk. Mr. Guthrie votes no.

18567 Mr. Olson.

18568 Mr. Olson. No.

18569 The Clerk. Mr. Olson votes no.

18570 Mr. McKinley.

18571 Mr. McKinley. No.

18572 The Clerk. Mr. McKinley votes no.

18573 Mr. Kinzinger.

18574 Mr. Kinzinger. No.

18575 The Clerk. Mr. Kinzinger votes no.

18576 Mr. Griffith.

18577 Mr. Griffith. No.

18578	The Clerk.	Mr. Griffith votes no.
18579	Mr. Bilirakis.	
18580	<u>Mr. Bilirakis.</u>	No.
18581	The Clerk.	Mr. Bilirakis votes no.
18582	Mr. Johnson.	
18583	<u>Mr. Johnson.</u>	No.
18584	The Clerk.	Mr. Johnson votes no.
18585	Mr. Long.	
18586	<u>Mr. Long.</u>	No.
18587	The Clerk.	Mr. Long votes no.
18588	Mr. Bucshon.	
18589	<u>Mr. Bucshon.</u>	No.
18590	The Clerk.	Mr. Bucshon votes no.
18591	Mr. Flores.	
18592	<u>Mr. Flores.</u>	No.
18593	The Clerk.	Mr. Flores votes no.
18594	Mrs. Brooks.	Mrs. Brooks.
18595	<u>Mrs. Brooks.</u>	No.
18596	The Clerk.	Mrs. Brooks votes no.
18597	Mr. Mullin.	
18598	<u>Mr. Mullin.</u>	No.
18599	The Clerk.	Mr. Mullin votes no.
18600	Mr. Hudson	

18601	<u>Mr. Hudson.</u>	No.
18602	The Clerk.	Mr. Hudson votes no.
18603	Mr. Collins.	
18604	<u>Mr. Collins.</u>	No.
18605	The Clerk.	Mr. Collins votes no.
18606	Mr. Cramer.	
18607	<u>Mr. Cramer.</u>	No.
18608	The Clerk.	Mr. Cramer votes no.
18609	Mr. Walberg.	
18610	<u>Mr. Walberg.</u>	No.
18611	The Clerk.	Mr. Walberg votes no.
18612	Mrs. Walters.	
18613	<u>Mrs. Walters.</u>	No.
18614	The Clerk.	Mrs. Walters votes no.
18615	Mr. Costello.	
18616	<u>Mr. Costello.</u>	No.
18617	The Clerk.	Mr. Costello votes no.
18618	Mr. Carter.	
18619	<u>Mr. Carter.</u>	No.
18620	The Clerk.	Mr. Carter votes no.
18621	Mr. Pallone.	
18622	<u>Mr. Pallone.</u>	Aye.
18623	The Clerk.	Mr. Pallone votes aye.

18624 Mr. Rush.

18625 [No response.]

18626 The Clerk. Ms. Eshoo.

18627 Ms. Eshoo. Aye.

18628 The Clerk. Ms. Eshoo votes aye.

18629 Mr. Engel.

18630 [No response.]

18631 The Clerk. Mr. Green.

18632 Mr. Green. Aye.

18633 The Clerk. Mr. Green votes aye.

18634 Ms. DeGette.

18635 Ms. DeGette. Aye.

18636 The Clerk. Ms. DeGette votes aye.

18637 Mr. Doyle.

18638 Mr. Doyle. Yes.

18639 The Clerk. Mr. Doyle votes aye.

18640 Ms. Schakowsky.

18641 Ms. Schakowsky. Aye.

18642 The Clerk. Ms. Schakowsky votes aye.

18643 Mr. Butterfield.

18644 Mr. Butterfield. Aye.

18645 The Clerk. Mr. Butterfield votes aye.

18646 Ms. Matsui.

18647 Ms. Matsui. Aye.

18648 The Clerk. Ms. Matsui votes aye.

18649 Ms. Castor.

18650 Ms. Castor. Aye.

18651 The Clerk. Ms. Castor votes aye.

18652 Mr. Sarbanes.

18653 Mr. Sarbanes. Aye.

18654 The Clerk. Mr. Sarbanes votes aye.

18655 Mr. McNerney.

18656 [No response.]

18657 The Clerk. Mr. Welch.

18658 Mr. Welch. Aye.

18659 The Clerk. Mr. Welch votes aye.

18660 Mr. Lujan.

18661 Mr. Lujan. Aye.

18662 The Clerk. Mr. Lujan votes aye.

18663 Mr. Tonko.

18664 Mr. Tonko. Aye.

18665 The Clerk. Mr. Tonko votes aye.

18666 Ms. Clarke.

18667 Ms. Clarke. Aye.

18668 The Clerk. Ms. Clarke votes aye.

18669 Mr. Loeb sack.

18670 Mr. Loeb sack. Aye.

18671 The Clerk. Mr. Loeb sack votes aye.

18672 Mr. Schrader.

18673 Mr. Schrader. Aye.

18674 The Clerk. Mr. Schrader votes aye.

18675 Mr. Kennedy.

18676 Mr. Kennedy. Aye.

18677 The Clerk. Mr. Kennedy votes aye.

18678 Mr. Cardenas.

18679 Mr. Cardenas. Aye.

18680 The Clerk. Mr. Cardenas votes aye.

18681 Mr. Ruiz.

18682 Mr. Ruiz. Aye.

18683 The Clerk. Mr. Ruiz votes aye.

18684 Mr. Peters.

18685 [No response.]

18686 The Clerk. Mrs. Dingell.

18687 Mrs. Dingell. Aye.

18688 The Clerk. Mrs. Dingell votes aye.

18689 Chairman Walden.

18690 The Chairman. Walden votes no.

18691 The Clerk. Chairman Walden votes no.

18692 Mr. Murphy.

18693           Mr. Murphy.   No.

18694           The Clerk.   Mr. Murphy votes no.

18695           Mr. Barton.

18696           Mr. Barton.   No.

18697           The Clerk.   Mr. Barton votes no.

18698           Mrs. Blackburn.

18699           Mrs. Blackburn.   No.

18700           The Clerk.   Mrs. Blackburn votes no.

18701           Mr. McNerney.

18702           Mr. McNerney.   Aye.

18703           The Clerk.   Mr. McNerney votes aye.

18704           Mr. Burgess.   Is there any other members seeking to

18705           vote?   Seeing none, the clerk will report.

18706           The Clerk.   Mr. Chairman, on that vote there were 21

18707           ayes and 31 noes.

18708           Mr. Burgess.   Twenty-one ayes and thirty-one noes, the

18709           amendment is not adopted.

18710           The Chairman. [Presiding.]   Okay, I am going to

18711           recognize myself now for an amendment which I believe the

18712           clerk has.

18713           [The Amendment offered by Mr. Walden follows:]

18714

18715           \*\*\*\*\*COMMITTEE INSERT 30\*\*\*\*\*

18716 The Chairman. And if the clerk would report the  
18717 amendment.

18718 The Clerk. Amendment to the amendment in the nature of  
18719 a substitute to committee print offered by Mr. Walden.

18720 The Chairman. The clerk will dispense with the reading  
18721 of the amendment.

18722 For my colleagues on both sides of the aisle, this  
18723 literally is a technical amendment. We have talked to the  
18724 ranking member about it and it is a clarifying amendment to  
18725 make sure that if there is a conflict when it comes to the  
18726 Patient and State Stability Fund that the appropriated  
18727 amount, what gets appropriated by Congress is actually the  
18728 overriding number.

18729 The way it was worded, there was some question about it.  
18730 We don't want to have any confusion out there. So this is a  
18731 technical amendment that just makes clear that the total  
18732 amount available is the amount obligated -- or is the amount  
18733 appropriated by the Government.

18734 With that, Mr. Pallone, are you good with that?

18735 Mr. Pallone. No problem. It is a technical amendment.  
18736 I would urge our support.

18737 The Chairman. With that, any member seeking to comment  
18738 on the amendment?

18739           If not the question comes before us on approval of the  
18740 amendment.

18741           Those in favor, say aye.

18742           Those opposed, nay.

18743           The ayes have it. The ayes have it and the amendment is  
18744 approved.

18745           Now, are there other members that have amendments?

18746           We will now turn to Mr. Green. For what purpose do you  
18747 seek recognition?

18748           Mr. Green. Mr. Chairman, I have an amendment at the  
18749 desk, Amendment 45.

18750           [The Amendment offered by Mr. Green follows:]

18751

18752           \*\*\*\*\*INSERT 31\*\*\*\*\*

18753           The Chairman.   Okay, we will get our clerks to find the  
18754           amendment number four-five.  It is actually four-six, 4  
18755           before 6:00 A.M.

18756           Mr. Green.   The cost-sharing?

18757           The Chairman.  A.M.

18758           Mr. Green.  Oh, yes.

18759           The Chairman.  Does the clerk have the amendment?  The  
18760           clerk will report the amendment.

18761           The Clerk.  Amendment to the amendment in the nature of  
18762           a substitute to the committee print offered by Mr. Green.

18763           The Chairman.  The clerk will dispense with the reading  
18764           of the amendment.

18765           The gentleman from Texas is recognized to debate his  
18766           amendment.

18767           Mr. Green.  Thank you, Mr. Chairman.

18768           The amendment would strike the provision of the  
18769           legislation that repeals the cost-sharing reduction program  
18770           of the Affordable Care Act.  It is mind-boggling to me that  
18771           after all the talk we have heard calling the ACA a failure  
18772           because many face high deductibles and can't afford to use  
18773           their insurance this provision repeals a program designed to  
18774           lower out-of-pocket costs for those who purchased insurance  
18775           on the exchange.

18776           The Affordable Care Act requires insurers that cover  
18777 marketplace enrollees to reduce cost-sharing for enrollees  
18778 with incomes not exceeding 250 percent of the Federal poverty  
18779 level. Cost-sharing reduction payments have been the subject  
18780 of partisan legal challenges and sabotage efforts to  
18781 destabilize the ACA and put a strain on the market. So, I  
18782 guess it is not that shocking.

18783           House v. Burwell, although now House v. Price, is an  
18784 ongoing legal challenge to the CRS payments. Now that it  
18785 serves my colleagues to stop deliberately trying to make  
18786 matters worse for political gain, I expect the appropriators  
18787 will do their jobs and appropriate the money to cover these  
18788 payments as was always intended. And I think that was an  
18789 amendment that we adopted and agreed amendment.

18790           But the real reason to strike this provision is to  
18791 eliminate the CSR program that is cost-sharing reductions  
18792 exist to mitigate the very problem that Trumpcare would  
18793 exacerbate affordability. Nothing in this plan addresses the  
18794 problem of high deductibles, cost-sharing, or overall  
18795 affordability. It makes matters changing to the financial  
18796 assistance tax programs that will only put affordability  
18797 further out of reach for millions of Americans.

18798           For example, under this plan, a 60-year-old in my

18799 district making \$30,000 a year would get 35 percent less  
18800 financial assistance to purchase health insurance than they  
18801 do under the Affordable Care Act now. Early estimates found  
18802 that this plan would cost Americans an average of \$1,500 more  
18803 each year than the ACA.

18804 And my colleagues are likely to point to the Patient and  
18805 State Stability Fund as their response to limiting the cost-  
18806 sharing reduction program, while States could devote, at  
18807 least in part, the cost-sharing reduction subsidies, it would  
18808 be hard to for a State to do this using just the Federal  
18809 money and provide the outrageously expensive high-risk pool  
18810 and other expensive initiatives to increase resources for  
18811 health care.

18812 I oppose striking the CSR program, especially in light  
18813 of the other provisions of the plan that will make health  
18814 care more expensive for millions of Americans and I urge my  
18815 colleagues to support this amendment.

18816 The Chairman. Does the gentleman yield back?

18817 Mr. Green. I yield back.

18818 The Chairman. The gentleman yields back the balance of  
18819 his time.

18820 The chair recognizes the gentleman from Virginia, Mr.  
18821 Griffith, for 5 minutes to speak on the amendment.

18822 Mr. Griffith. Thank you very much, Mr. Chairman. I  
18823 hope folks will oppose the amendment. It may be well-  
18824 intentioned but it is going in the wrong direction.

18825 Our program creates a credit program. We do fund the  
18826 CSR, the cost-sharing reduction program during the transition  
18827 period but this program has not been funded for several years  
18828 and yet, the previous administration continued to find money.

18829 This committee, along with Ways and Means, launched an  
18830 investigation on how they found that money in February of  
18831 2015 and we believe they unconstitutionally funded the cost-  
18832 sharing reduction program through a permanent appropriation  
18833 for tax credits and refunds for which they weren't authorized  
18834 to take the money from.

18835 Chairman Upton sent 15 letters over the course of the  
18836 investigation and issued three subpoenas; one each to HHS,  
18837 Treasury, and OMB. The staff of the two committees conducted  
18838 13 transcribed interviews and one deposition of relevant  
18839 officials and we are still waiting for some of that  
18840 information to come in. We have, our staff has been able to  
18841 look at some of it but not been able to bring it back and  
18842 study it. And we are still waiting and hoping that the new  
18843 administration will give us some of the documents that we  
18844 have asked for.

18845           The committees published two reports about their  
18846 findings in this investigation -- on this investigation in  
18847 June and December of last year and we did find a lot of  
18848 information out. We found that the Obama administration took  
18849 a series of steps indicating knowledge that the CSR program  
18850 needed to be funded through annual appropriations. For  
18851 example, not only did President Obama's fiscal year 2014  
18852 budget request funding for this program but HHS also included  
18853 a request for an advanced appropriation to make payments for  
18854 the CSR program in its fiscal year 2013 budget submission to  
18855 OMB.

18856           With respect to fiscal year 2014 budget requests to fund  
18857 the program, this investigation found that the Obama  
18858 administration surreptitiously and informally withdrew its  
18859 request for funding for fiscal year from their budget  
18860 requests. Emails later revealed that only weeks after  
18861 withdrawing the request, senior officials at HHS, Treasury,  
18862 OMB and the White House discussed, by virtue of email,  
18863 funding the CSR program from the permanent appropriation for  
18864 tax credits and refunds and these official discussed using  
18865 the permanent appropriations the source of funds in the  
18866 context of the potential impact of sequestration on the  
18867 program. These emails provide evidence that the

18868 administration withdrew request for an annual appropriation  
18869 without yet knowing how the program would be funded.

18870 The legal analysis to fund the CSR program through the  
18871 permanent appropriation for tax refunds and credits was  
18872 approved at the highest levels of the Obama administration  
18873 and according to some witnesses' testimony that said that  
18874 former Attorney General Eric Holder approved of the analysis.

18875 Senior IRS officials raised concerns about the legality  
18876 of the source of the funding for the CSR program to the IRS  
18877 Legal Department, the Office of General Counsel, the  
18878 Treasury, and other senior Treasury officials.

18879 Secretary Lew signed an unusual action memorandum  
18880 recommending that the IRS administer the CSR payments in the  
18881 same manner as the advanced premium tax credit payments  
18882 through the permanent appropriation for tax credits and  
18883 refunds.

18884 The committees faced unprecedented obstruction in the  
18885 course of this investigation and, given the Obama  
18886 administration refusal to produce the documents we requested,  
18887 many questions remain yet unanswered.

18888 Given what we do know about the source of funding  
18889 decision, you have to wonder what we still don't know about  
18890 this decision and, in all fairness, we are going to fund it

18891 during the transition because we promised not to leave people  
18892 out there without the coverage. But when you don't have the  
18893 funding for it, and I don't remember the exact number but I  
18894 want to say it is about 35 -- how much -- \$7 billion in the  
18895 hole right now, we are looking at maybe 35 if we continued it  
18896 on time.

18897 We are \$7 billion in the hole that was never funded. It  
18898 is not on the books. It is not showing as a cost of  
18899 Obamacare at this point. To come in and say we are going to  
18900 continue this program I think is a mistake, particularly when  
18901 we have already made arrangements to replace it with  
18902 something else. And further, recognizing that it is not  
18903 money that was already out there, it is not a program that  
18904 has been successful in the sense that the Government isn't  
18905 paying for it the way it is supposed to. It is just more  
18906 Washington spending run amok.

18907 With that, Mr. Chairman, I yield back.

18908 The Chairman. The gentleman yields back.

18909 The chair recognizes the gentleman from New Jersey, Mr.  
18910 Pallone, for 5 minutes to speak on the amendment.

18911 Mr. Pallone. Thank you, Mr. Chairman.

18912 You know it is just a continuation on the Republican  
18913 side of budget-driven initiatives. And all I keep hearing is

18914 we can't afford it. It is unsustainable. It is not in the  
18915 budget. I mean the bottom line is why is it that the  
18916 Republicans don't talk about the impact of what they are  
18917 doing in terms of improving health care, or making it more  
18918 affordable, or less out of pocket?

18919           You know I would just like to remind my Republican  
18920 colleagues that President Trump keeps promising -- Ms. Castor  
18921 read so many of his tweets or quotes -- he keeps promising  
18922 Americans over and over again that health insurance under the  
18923 Republican repeal would be cheaper, better, that everyone  
18924 would be covered. And repealing the CSRs and replacing them  
18925 with nothing, because that is what you are doing, replacing  
18926 them with nothing, goes directly against this promise that he  
18927 keeps making to the American people. It is just budget-  
18928 driven.

18929           Cost-sharing reductions are a critical part of the ACA's  
18930 package of financial assistance to help individuals afford  
18931 coverage. They lower out-of-pocket costs for individuals  
18932 below 250 percent of the federal poverty level and they are  
18933 vitally important to keep these people so they can afford  
18934 health care.

18935           And you are talking about people I figure maybe between  
18936 the \$25,000 and the \$30,000 category, particularly for sicker

18937 individuals who have to use more health care and incur  
18938 greater out-of-pocket costs. As of March 2016, approximately  
18939 6.4 million Americans across the country were benefiting from  
18940 CSRs. When some of my colleagues on the other side say that  
18941 this isn't helping anybody or is not doing anything, that is  
18942 not true. These enrollees are disproportionately located in  
18943 red states that did not expand Medicaid, particularly,  
18944 Alabama, Florida, Georgia, Mississippi, South Carolina, and  
18945 eliminating CSRs would unquestionably make health insurance  
18946 more expensive for these millions of low-income Americans.

18947 And what is particularly galling to me is that the  
18948 Republican repeal bill will simultaneously cut taxes for the  
18949 rich. We just mentioned that. So while we are making cuts  
18950 to the programs that help low-income individuals access  
18951 health care with these cost-sharing initiatives, or you are  
18952 eliminating them with your reductions, we are giving a huge  
18953 tax cut to the wealthy.

18954 I just don't understand. You know I have been saying it  
18955 all night that don't talk to me about you know just mention  
18956 the budget, just mention unsustainability. This is the  
18957 richest country in the world. We paid for these things for  
18958 the most part. I know the gentleman is arguing that somehow  
18959 they weren't but they were paid for. And all you are doing

18960 now is cutting out all the pay-fors, trying to find ways of  
18961 cutting back on people who need help and it goes totally  
18962 contrary to what the President keeps saying over and over  
18963 again about how he promises to reduce costs with this  
18964 Republican bill.

18965 If you are going to honor the promises that the  
18966 President is making and not harm millions of your own  
18967 constituents, then you would support Mr. Green's amendment.

18968 Unless someone wants the time, I will yield back.

18969 The Chairman. The gentleman yields back.

18970 The chair recognizes the gentleman from Oklahoma, Mr.  
18971 Mullin.

18972 Mr. Mullin. Thank you, Mr. Chairman. I move to strike  
18973 the last word.

18974 Let's put the fact that the Obama administration  
18975 illegally funded this program aside and let's talk about the  
18976 merits helping lower-income patients afford health care.

18977 First, our bill acknowledges the importance of  
18978 supporting people who need help. Look no farther than the  
18979 Patient and State Stability Fund. Not only does this program  
18980 recognize the value of federalism, it encourages States to  
18981 develop innovative ideas to improve care and lower cost.

18982 Under Section 2202, number 7, the use of funds reads,

18983 and I quote, "providing assistance to reduce out-of-pocket  
18984 costs, such as copayments, coinsurance, and deductibles of  
18985 individuals enrolled in health insurance coverage in the  
18986 State."

18987 Let me read that again. Assistance to reduce -- reduce.  
18988 We keep talking about raising the cost for those that need  
18989 help. In this bill it says assistance to reduce out-of-  
18990 pocket costs such as copayments, coinsurance, premiums, and  
18991 deductible. It actually is spelled out in the bill under  
18992 Section 202 -- or 2202, number 7. So, when we are talking  
18993 about things, make sure we are talking about facts.

18994 There are two critically important differences in the  
18995 Patient and State Stability Fund and the cost-sharing  
18996 reductions. Our bill is paid for. Wow! Can you believe  
18997 that, a bill coming out of here is paid for?

18998 Our bill is paid for. The Obama administration  
18999 illegally funded cost-sharing reductions.

19000 We give States complete flexibility, recognizing that  
19001 they know best how to care for their unique needs. So,  
19002 unlike Obamacare, we recognize, acknowledge, and value  
19003 federalism, promoting freedom, flexibility, and fairness.

19004 Now let's talk about numbers. CBO projects that Federal  
19005 Government will spend \$13 billion annually on CSRs for years

19006 2020, 2021, and 2022. In comparison, the Patient and State  
19007 Stability Fund spends \$10 billion annually over those same  
19008 years with the State match helping increase the available  
19009 funding. In no way is the Patient and State Stability Fund  
19010 intended to replace CSRs. I simply point out that this is a  
19011 way the States of flexibility. If you think CSRs are what  
19012 your state needs, use this funding to stream them. But if  
19013 you don't and you think that there is a condition-based,  
19014 population-based, or geographically-based health concerns  
19015 that need to be addressed, go for it.

19016 If someone else would like the time, I would yield to  
19017 them.

19018 Mr. Griffith. I will take it.

19019 Mr. Mullin. I yield to Mr. Griffith.

19020 Mr. Griffith. Thank you very much and I agree with what  
19021 you had to say.

19022 I noted with some interest, though, the gentleman from  
19023 New Jersey said somehow it got paid for. Well, I was a  
19024 criminal defense attorney for 28 years and somehow my clients  
19025 sometimes got things paid for but if you take money out of an  
19026 account which not set up for the purpose from which you are  
19027 taking the money and you take it without authority from the  
19028 people who are supposed to authorize that, that would be us

19029 in Congress, my client would be facing criminal charges. And  
19030 my experience was, if I did a good job, they got home  
19031 incarceration instead of jail time.

19032 So, the problem is is that we are trying to build a  
19033 program that deals with these issues responsibly, that  
19034 actually pays for them, that doesn't require us to rob Peter  
19035 to pay Paul, constantly shifting money behind the scenes  
19036 between Treasury and HHS and doing things of dubious legal  
19037 merit. And so the replacement plan is much better than the  
19038 CSR plan. You pointed out very well, I would say to the  
19039 gentleman how if the State wants to continue CSR, they can do  
19040 it with the money that they are going to receive. And what  
19041 we are trying to do is to make sure that it is all  
19042 aboveboard, that we know what we are doing, that we have got  
19043 it paid for and that we are taking care of people at the same  
19044 time.

19045 Now in the interim, notwithstanding the taint that is  
19046 now on the funding stream, we are going to make sure it gets  
19047 funded and that is part of this bill, too, because we  
19048 promised we weren't going to have people have the rug pulled  
19049 out from under them and we are not going to do that.

19050 This bill does that and I appreciate your comments and I  
19051 yield your time back to you.

19052 Mr. Mullin. Mr. Chairman, I yield back.

19053 The Chairman. The gentleman yields back the balance of  
19054 his time.

19055 The chair recognizes the gentlelady from Florida.

19056 Ms. Castor. Thank you, Mr. Chairman. I am pleased to  
19057 yield my 5 minutes to Mr. Pallone.

19058 Mr. Pallone. Thank you, Ms. Castor.

19059 You know I just don't understand. I understand you keep  
19060 wanting to talk about the budget, the legality. You are  
19061 changing the law here in this bill. So, you know if you are  
19062 worried about the previous bill doesn't include this funding  
19063 or somehow providing this funding is not under the law, you  
19064 can change it. You would change it now and say okay, we are  
19065 going to do this cost-sharing.

19066 I don't understand how you are not worried about these  
19067 people. These are the people, from my understanding, in this  
19068 \$25,000-\$30,000 bracket who are not eligible for Medicaid  
19069 because their income is a little too high and under the  
19070 Affordable Care Act, they are getting a pretty high subsidy.  
19071 I don't know if it is 70 or 80 percent because they can't  
19072 afford to pay the premium and their subsidy is high.

19073 Now keep in mind what you are doing here. You are going  
19074 to take away that subsidy, that 70 or 80 percent from these

19075 people. You are going to give them \$2,000 or maybe \$4,000  
19076 credit if they are older. That is not going to make up for  
19077 the subsidy. So you are basically away the way that they can  
19078 buy the insurance because the subsidy -- the difference  
19079 between the subsidy under the ACA and whatever you are giving  
19080 them for a tax credit is going to make it very, very hard for  
19081 them to even have the insurance to begin with.

19082 Then you are saying, oh, we are not going to give them  
19083 cost-sharing for the out-of-pocket costs because of the  
19084 deductibles or the copays that this CSR helps them pay for.  
19085 I mean why are these people being -- why are they the brunt  
19086 of your punishment? I just don't understand it.

19087 I mean and then I am telling you that they are primarily  
19088 in the red states that you guys represent. These are your  
19089 own constituents and these are the people that are going to  
19090 have the hardest time paying for their coverage, paying for  
19091 their health insurance if they have a lot of copays or they  
19092 have go to a doctor so often.

19093 All the stories I heard all night long were about the  
19094 people that are having a problem with their deductibles. I  
19095 don't understand. These should be the first people, based on  
19096 your stories that you should be trying to help and you are  
19097 giving me this argument well, it wasn't set up so you could

19098           legally do this and this is going to cost money. Well you  
19099           know you are getting rid of \$600 million in copays under the  
19100           ACA. Take a little bit of it and help these people out,  
19101           these working people. These are working people. They are  
19102           not eligible for Medicaid. They are working. They are not  
19103           getting health insurance on the job. They are barely making  
19104           ends meet. It is outrageous that you don't talk about them  
19105           and their health needs and you keep talking about the  
19106           legality of it and the budget.

19107                     It can't be that much money. I think I figured about \$6  
19108           billion. You are taking \$600 billion in pay-fors away,  
19109           mostly going to wealthy and corporate interests. You can't  
19110           give these people \$6 billion, these working people? I just  
19111           don't understand it and nobody is addressing it. You just  
19112           keep talking about the law, which you could obviously change.

19113                     I yield. Well, unless anybody else wants the time, I  
19114           yield back.

19115                     The Chairman. The gentleman yields back.

19116                     Are there other members seeking recognition on this  
19117           issue? If not -- I see no one else.

19118                     The question now comes before us on approval of the  
19119           amendment.

19120                     Mr. Pallone. Roll call.

19121 The Chairman. All right, yes.

19122 Those in the favor of the amendment will vote aye.

19123 Those against will vote no. And the clerk will call the

19124 roll.

19125 The Clerk. Mr. Barton.

19126 Mr. Upton.

19127 [No response.]

19128 The Clerk. Mr. Shimkus.

19129 [No response.]

19130 The Clerk. Mr. Murphy.

19131 [No response.]

19132 The Clerk. Mr. Burgess.

19133 Mr. Burgess. No.

19134 The Clerk. Mr. Burgess votes no.

19135 Mrs. Blackburn.

19136 Mrs. Blackburn. No.

19137 The Clerk. Mrs. Blackburn votes no.

19138 Mr. Scalise.

19139 Mr. Scalise. No.

19140 The Clerk. Mr. Scalise votes no.

19141 Mr. Latta.

19142 Mr. Latta. No.

19143 The Clerk. Mr. Latta votes no.

19144 Mrs. McMorris Rodgers.  
19145 [No response.]  
19146 The Clerk. Mr. Harper.  
19147 [No response.]  
19148 The Clerk. Mr. Lance.  
19149 Mr. Lance. No.  
19150 The Clerk. Mr. Lance votes no.  
19151 Mr. Guthrie.  
19152 [No response.]  
19153 The Clerk. Mr. Olson.  
19154 Mr. Olson. No.  
19155 The Clerk. Mr. Olson votes no.  
19156 Mr. McKinley.  
19157 Mr. McKinley. No.  
19158 The Clerk. Mr. McKinley votes no.  
19159 Mr. Kinzinger.  
19160 [No response.]  
19161 The Clerk. Mr. Griffith.  
19162 Mr. Griffith. No.  
19163 The Clerk. Mr. Griffith votes no.  
19164 Mr. Bilirakis.  
19165 Mr. Bilirakis. No.  
19166 The Clerk. Mr. Bilirakis votes no.

19167	Mr. Johnson.	
19168	<u>Mr. Johnson.</u>	No.
19169	The Clerk.	Mr. Johnson votes no.
19170	Mr. Long.	
19171	<u>Mr. Long.</u>	No.
19172	The Clerk.	Mr. Long votes no.
19173	Mr. Bucshon.	
19174	<u>Mr. Bucshon.</u>	No.
19175	The Clerk.	Mr. Bucshon votes no.
19176	Mr. Flores.	
19177	[No response.]	
19178	The Clerk.	Mrs. Brooks.
19179	<u>Mrs. Brooks.</u>	No.
19180	The Clerk.	Mrs. Brooks votes no.
19181	Mr. Mullin.	
19182	<u>Mr. Mullin.</u>	No.
19183	The Clerk.	Mr. Mullin votes no.
19184	Mr. Hudson.	
19185	<u>Mr. Hudson.</u>	No.
19186	The Clerk.	Mr. Hudson votes no.
19187	Mr. Collins.	
19188	<u>Mr. Collins.</u>	No.
19189	The Clerk.	Mr. Collins votes no.

19190	Mr. Cramer.	
19191	<u>Mr. Cramer.</u>	No.
19192	The Clerk.	Mr. Cramer votes no.
19193	Mr. Walberg	
19194	<u>Mr. Walberg.</u>	No.
19195	The Clerk.	Mr. Walberg votes no.
19196	Mrs. Walters.	
19197	<u>Mrs. Walters.</u>	No.
19198	The Clerk.	Mrs. Walters votes no.
19199	Mr. Costello.	
19200	<u>Mr. Costello.</u>	No.
19201	The Clerk.	Mr. Costello votes no.
19202	Mr. Carter.	
19203	<u>Mr. Carter.</u>	No.
19204	The Clerk.	Mr. Carter votes no.
19205	Mr. Pallone.	
19206	<u>Mr. Pallone.</u>	Aye.
19207	The Clerk.	Mr. Pallone votes aye.
19208	Mr. Rush.	
19209	[No response.]	
19210	The Clerk.	Ms. Eshoo.
19211	<u>Ms. Eshoo.</u>	Aye.
19212	The Clerk.	Ms. Eshoo votes aye.

19213	Mr. Engel.	
19214	[No response.]	
19215	The Clerk.	Mr. Green.
19216	<u>Mr. Green.</u>	Aye.
19217	The Clerk.	Mr. Green votes aye.
19218	Ms. DeGette	
19219	<u>Ms. DeGette.</u>	Aye.
19220	The Clerk.	Ms. DeGette votes aye.
19221	Mr. Doyle.	
19222	<u>Mr. Doyle.</u>	Yes.
19223	The Clerk.	Mr. Doyle votes aye.
19224	Ms. Schakowsky.	
19225	<u>Ms. Schakowsky.</u>	Aye.
19226	The Clerk.	Ms. Schakowsky votes aye.
19227	Mr. Butterfield.	
19228	<u>Mr. Butterfield.</u>	Aye.
19229	The Clerk.	Mr. Butterfield votes aye.
19230	Ms. Matsui.	
19231	<u>Ms. Matsui.</u>	Aye.
19232	The Clerk.	Ms. Matsui votes aye.
19233	Ms. Castor.	
19234	<u>Ms. Castor.</u>	Aye.
19235	The Clerk.	Ms. Castor votes aye.

19236 Mr. Sarbanes.  
19237 Mr. Sarbanes. Aye.  
19238 The Clerk. Mr. Sarbanes votes aye.  
19239 Mr. McNerney.  
19240 Mr. McNerney. Aye.  
19241 The Clerk. Mr. McNerney votes aye.  
19242 Mr. Welch.  
19243 Mr. Welch. Aye.  
19244 The Clerk. Mr. Welch votes aye.  
19245 Mr. Lujan.  
19246 Mr. Lujan. Aye.  
19247 The Clerk. Mr. Lujan votes aye.  
19248 Mr. Tonko.  
19249 Mr. Tonko. Aye.  
19250 The Clerk. Mr. Tonko votes aye.  
19251 Ms. Clarke.  
19252 Ms. Clarke. Aye.  
19253 The Clerk. Ms. Clarke votes aye.  
19254 Mr. Loeb sack.  
19255 Mr. Loeb sack. Aye.  
19256 The Clerk. Mr. Loeb sack votes aye.  
19257 Mr. Schrader.  
19258 Mr. Schrader. Aye.

19259 The Clerk. Mr. Schrader votes aye.  
19260 Mr. Kennedy.  
19261 [No response.]  
19262 The Clerk. Mr. Cardenas.  
19263 Mr. Cardenas. Aye.  
19264 The Clerk. Mr. Cardenas votes aye.  
19265 Mr. Ruiz.  
19266 Mr. Ruiz. Aye.  
19267 The Clerk. Mr. Ruiz votes aye.  
19268 Mr. Peters.  
19269 Mr. Peters. Aye.  
19270 The Clerk. Mr. Peters votes aye.  
19271 Mrs. Dingell.  
19272 Mrs. Dingell. Aye.  
19273 The Clerk. Mrs. Dingell votes aye.  
19274 Chairman Walden.  
19275 The Chairman. Walden votes no.  
19276 The Clerk. Chairman Walden votes no.  
19277 The Chairman. Are there members not recorded? Mr.  
19278 Barton?  
19279 Mr. Barton. No.  
19280 The Clerk. Mr. Barton votes no.  
19281 The Chairman. Mr. Upton?

19282        Mr. Upton.        Votes no.

19283        The Clerk.        Mr. Upton votes no.

19284        The Chairman.     The gentleman from Illinois.

19285        Mr. Shimkus.     No.

19286        The Clerk.        Mr. Shimkus votes no.

19287        The Chairman.     The gentlelady from Washington State.

19288        Mrs. McMorris Rodgers.    No.

19289        The Clerk.        Mrs. McMorris Rodgers votes no.

19290        The Chairman.     The gentleman from Kentucky?

19291        Mr. Guthrie.     No.

19292        The Clerk.        Mr. Guthrie votes no.

19293        The Chairman.     The gentleman from Pennsylvania?

19294        Mr. Murphy.     No.

19295        The Clerk.        Mr. Murphy votes no.

19296        The Chairman.     The gentleman from Mississippi?

19297        Mr. Harper.     No.

19298        The Clerk.        Mr. Harper votes no.

19299        The Chairman.     The gentleman from Illinois?

19300        Mr. Kinzinger.    No.

19301        The Clerk.        Mr. Kinzinger votes no.

19302        The Chairman.     The gentleman from Texas.

19303        Mr. Flores.     No.

19304        The Clerk.        Mr. Flores votes no.

19305           The Chairman. Oh, the gentleman, Mr. Kennedy from  
19306           Massachusetts.  
19307           Mr. Kennedy Aye.  
19308           The Clerk. Mr. Kennedy votes aye.  
19309           The Chairman. You have to have a tie on to vote but --  
19310           no, just kidding. At this hour -- I know Kinzinger didn't  
19311           either. No, it is fine.  
19312           Any other members on their way that we need to wait for?  
19313           Okay, if not, we are good to go.  
19314           All right, clerk, if there are no other members -- oh,  
19315           wait a minute. Mr. Carter, did you vote? Have you voted?  
19316           Mr. Carter. Yes, I did.  
19317           The Chairman. Okay, the clerk will -- did Mr. Welch  
19318           vote? Is he recorded?  
19319           The Clerk. Mr. Welch is recorded.  
19320           The Chairman. He is recorded. Okay. Mr. Johnson?  
19321           The Clerk. Mr. Johnson is recorded.  
19322           The Chairman. Okay, we are just trying to make sure we  
19323           didn't miss anybody that was on their way.  
19324           The Clerk. Mr. Welch is recorded aye.  
19325           The Chairman. You can change. I don't think that will  
19326           happen.  
19327           So, the clerk will report the tally.

19328           The Clerk.   Mr. Chairman, on that vote there were 22  
19329   ayes and 31 noes.  
19330           The Chairman.   Twenty-two ayes, thirty-one noes, the  
19331   noes have it and the amendment is not agreed to.  
19332           Are there other amendments?  
19333           Mr. Lujan.   Mr. Chairman?  
19334           The Chairman.   The chairman recognizes the gentleman --  
19335   for what purpose does the gentleman from New Mexico seek  
19336   recognition?  
19337           Mr. Lujan.   I have an amendment at the desk.  
19338           [The Amendment offered by Mr. Lujan follows:]  
19339  
19340           \*\*\*\*\*COMMITTEE INSERT 32\*\*\*\*\*

19341 The Chairman. Could you describe your amendment?

19342 Mr. Lujan. It is a really good amendment, Mr. Chairman.

19343 The Chairman. Okay, we will look for that one. You  
19344 generally do great amendments but if you want to do good  
19345 amendments.

19346 Mr. Lujan. I believe it is either 55 or 208. It is  
19347 entitled Sense of the House.

19348 The Chairman. Fifty-five or two-zero-eight?

19349 Mr. Lujan. Yes, so someone had shared with me it was  
19350 208 but on the document it has 055.XML.

19351 The Chairman. Could you share that with just our clerks  
19352 to make sure they get the right one? Is that it? Yes, we  
19353 just want to make sure everybody is on the right place.

19354 Do we have the amendment? Okay, we will get it.

19355 Mr. Lujan. Kimberly, bring my coffee back.

19356 The Chairman. All right and does the clerk have the  
19357 amendment? The clerk will report the amendment.

19358 The Clerk. An amendment to the amendment in the nature  
19359 of a substitute to the committee print offered by Mr. Lujan.

19360 The Chairman. The reading of the amendment is dispensed  
19361 with.

19362 The chair recognizes the gentleman from New Mexico to  
19363 explain his amendment.

19364 Mr. Lujan. Mr. Chairman, Medicaid is a program that has  
19365 a vital link to America's healthcare system and it should not  
19366 be undermined as part of some partisan game to score  
19367 political points at the expense of our most vulnerable  
19368 citizens.

19369 Medicaid provides health coverage to more than 70  
19370 million Americans, including families living check to check,  
19371 children, pregnant women, senior citizens, elderly adults and  
19372 people with disabilities.

19373 In New Mexico, as part of the Affordable Care Act,  
19374 Medicaid expansion took Medicaid from a safety net to a  
19375 ladder for the middle class. In fact, 235,400 individuals in  
19376 New Mexico gained coverage through ACA's Medicaid expansion  
19377 and could lose coverage if ACA Medicaid expansion is  
19378 repealed.

19379 Medicaid is a health insurance program that fills a  
19380 vital role in my state and for millions more across the  
19381 country. Before passage of the ACA, the number one reason  
19382 that middle class families declared bankruptcy, lost their  
19383 houses, lost their cars, lost everything was medical debt.  
19384 We should not go back to a time where the difference between  
19385 being middle class and living in poverty is a cancer  
19386 diagnosis. The difference between having a house and being

19387 homeless is one bad car accident. That is exactly what will  
19388 happen if we do not reject these dangerously misguided  
19389 efforts to cut Federal Medicaid spending, shift costs to  
19390 States who cannot afford it, and take coverage away from  
19391 hardworking Americans, children, seniors, and the elderly,  
19392 and people living with disabilities.

19393 And let's talk for a moment about an important group of  
19394 Americans who depend on the Medicaid program, senior  
19395 citizens, our parents and grandparents.

19396 Medicaid is the only long-term care insurance program in  
19397 this country, yet instead of having a real conversation about  
19398 financing long-term care, Republicans want to make it harder  
19399 for working and middle-class spouses to be financially  
19400 secure, in the face of overwhelming and insurmountable  
19401 nursing home costs.

19402 That is why I am introducing this resolution today that  
19403 expresses the sense of Congress that this vital program  
19404 should remain in place without making it harder for  
19405 individuals and families who depend on this health coverage  
19406 to get the insurance they need and deserve.

19407 It is that simple, a sense of Congress that states what  
19408 is obvious. I urge my colleagues to vote yes on my  
19409 amendment.

19410 I yield back the balance of my time.

19411 The Chairman. The gentleman yields back the balance of  
19412 his time.

19413 Are there other members seeking recognition on this  
19414 amendment? Well, is there anybody on our side? No.

19415 Okay, so we will go to Mr. Pallone for 5 minutes on the  
19416 amendment.

19417 Mr. Pallone. Thank you, Mr. Chairman. I really  
19418 appreciate the fact that the gentleman from New Mexico has  
19419 introduced this sense of the House resolution, effectively,  
19420 with regard to Medicaid. But I just -- and you know there is  
19421 so much that we could talk about but I just want to focus on  
19422 the long-term care. I know that he says that the Republican  
19423 Medicaid proposal will make it harder and much more costly  
19424 for families to find long-term care for elderly parents. He  
19425 says capping the program reduces the funding available for  
19426 nursing home care. And as the American population gets  
19427 older, this will lead to long waiting lists for seniors.

19428 I mean this is true, and I know I have sort of hinted at  
19429 it already at one point in the last 24 hours or whatever that  
19430 we have been here, but I can't stress enough when did the  
19431 Affordable Care Act, there were many of us who wanted to have  
19432 a long-term care component, not only for home- and community-

19433 based care but also for nursing home care. And part of the  
19434 reason that we didn't do that was because to create a new  
19435 program outside of Medicaid would have been very costly and  
19436 were confined by the pay-fors to approximately a trillion  
19437 dollars for the overall ACA. But I always regretted the fact  
19438 that we didn't find a new way, if you will, to cover long-  
19439 term care, including nursing home care.

19440 And I would still hope at some point that we could  
19441 because I don't particularly like the fact that people have  
19442 to go on Medicare for a few weeks and then they have to spend  
19443 down their assets before they are eligible for Medicaid. But  
19444 as Mr. Lujan said, right now the only long-term care program  
19445 available is under Medicaid and can't -- we have got to make  
19446 sure that it is shored up, that it continues to be viable and  
19447 pays for adequate care. And the problem is whether it is  
19448 because of the capping or the phasing out of expanded  
19449 Medicaid, the fear is that in the long-run, as states find  
19450 that they have less money to pay for Medicaid programs, that  
19451 they will start providing less money to nursing homes. And  
19452 the consequence of that is that care is reduced.

19453 And I said before, I remember. I mean I wasn't a  
19454 politician at the time but I remember in the 70s in my  
19455 district, in my home town of Long Branch, we had a number of

19456 fires because the conditions of the nursing homes were so  
19457 bad. And people in some of the fires throughout New Jersey  
19458 will actually killed because they were bedridden and they  
19459 burned actually in the nursing homes.

19460 And we also did things in New Jersey to try to increase  
19461 the amount of nurses so that people had adequate care, there  
19462 was good oversight with regard to their prescriptions. These  
19463 are the types of things that will go by the wayside. The  
19464 condition of these nursing homes will get worse. The care  
19465 will get worse because the nursing home operators won't have  
19466 sufficient funds.

19467 I remember the gentleman from Oklahoma, he is probably  
19468 too young but there was a Senator Boren at one time and a  
19469 Congressman Boren that was here for a few years. And Senator  
19470 Boren had this amendment at the federal level that I think,  
19471 if I remember, guaranteed that a certain level of funding had  
19472 to go to nursing homes to make sure that they didn't get  
19473 deplorable. And at one point, the Congress actually got rid  
19474 of the Boren Amendment, which I thought was a terrible thing  
19475 because of the consequences.

19476 Now fortunately, we have been able to keep up an  
19477 adequate level of funding for nursing homes but that could  
19478 all go by the wayside if we see the kind of major changes to

19479 the Medicaid program that the Republicans are proposing in  
19480 this bill. There hasn't been a lot of attention to this in  
19481 the discussion about the Affordable Care Act or the possible  
19482 repeal and replacement but this is real and it is  
19483 significant.

19484 So I really appreciate the fact that my colleague from  
19485 New Mexico has brought this up and included this as a major  
19486 component and I would urge that we support his resolution.

19487 The Chairman. The gentleman yields back the balance of  
19488 his time. The Chair recognizes the Chair of the Subcommittee  
19489 on Health, Dr. Burgess.

19490 Mr. Burgess. Thank you, Mr. Chairman.

19491 You know, talking about the CLASS Act one more time, and  
19492 I do remember when the gentleman offered the language of the  
19493 CLASS Act late in the evening as we were marking up H.R. 3200  
19494 in July of 2009. It was placeholder language, it was new  
19495 information that had never been seen or evaluated by the  
19496 committee before. The problem was that the CLASS Act, which  
19497 would have established a voluntary long-term care insurance  
19498 program to pay for community-based services and supports for  
19499 individuals with functional limitations, it was a laudable  
19500 goal, but it was really the poster child for some of the  
19501 common themes of the Affordable Care Act; bad policy,

19502 dishonest budgeting, and government that is way too big. So  
19503 instead of focusing on reducing costs of long-term care  
19504 insurance for Americans, the ACA exploited taxpayer  
19505 confidence by creating a poorly structured program that was  
19506 doomed to fail. And, in fact, this is one of those bipartisan  
19507 changes to the Affordable Care Act that ultimately was  
19508 supported by both sides. Congress did step in to rescue  
19509 taxpayers by repealing the CLASS Act in the American Taxpayer  
19510 Relief Act of 2012 signed by President Obama in January of  
19511 2013.

Now, 19512 the issue of a per capita allotment, it's not a limiting -- a limit  
19513 on funding for an individual Medicaid beneficiary. It's an  
19514 aggregate limit that's calculated on a per capita basis on  
19515 the amount of federal Medicaid funding that a state would  
19516 receive. If an individual's care proved to be more expensive  
19517 than average, federal funding could continue to be used to  
19518 pay for it as long as the state had not exceeded their total  
19519 aggregate allowable amount based on the capitated formula.

The 19520 per capita cap, the reform does not fundamentally alter Medicaid  
19521 eligibility requirements. The policy sets a limit on the  
19522 annual cost growth for per capita expenditures for which the  
19523 states receive matching funds from the federal government.  
19524 Funding would decline if Medicaid enrollment fell; for

19525 example, the state chose to restrict enrollment, or when  
19526 enrollment fell as a result of an improving economy.

Hey, 19527's a valid point. You know, we've been for the last eight years  
19528 kind of stuck between 1 and 2 percent GDP growth, but that  
19529 could change. The household survey for employment for the  
19530 month of February is actually looking pretty good. We'll get  
19531 the numbers in 24 hours of what the employment figures are.  
19532 You know, an improving economy would really help a lot of  
19533 things.

19534 I'm reminded of former member of the Ways & Means  
19535 Committee, who upon his retirement, I became the longest  
19536 tenured doctor in the United States Congress, but Dr.  
19537 McDermott, who was here long before I got here, when a sense  
19538 of Congress resolution was offered once before he said, "A  
19539 sense of Congress resolution? Well, why don't you just send a  
19540 get well card to this problem and maybe we'll all feel  
19541 better."

19542 Mr. Chairman, I don't think this sense of Congress  
19543 resolution is well placed. I think we would be well advised  
19544 to defeat it, and carry on with the other important business  
19545 of the day. I yield back the balance of my time.

19546 The Chairman. The gentleman yields the balance of time.  
19547 Any other member seeking recognition? The gentleman from New

19548 York, Mr. Tonko, is recognized for five minutes.

19549 Mr. Tonko. Thank you, Mr. Chair.

19550 I rise in support of the gentleman's amendment. The  
19551 efforts of this bill certainly impact last year's activity  
19552 when this committee in a bipartisan manner passed landmark  
19553 legislation on substance use and mental health. These pieces  
19554 of legislation invested in public health solutions to our  
19555 nation's most pressing problems like the opioid epidemic and  
19556 untreated mental illness, and were premised on the strong  
19557 foundation that Medicaid and private health insurance  
19558 coverage provides to our nation's mental health and substance  
19559 use systems. The Medicaid stream here is critical to these  
19560 outcomes.

19561 The underlying bill would erode those foundations to the  
19562 core. We all know the numbers; 91 Americans die each day from  
19563 an opioid overdose, and far too many individuals with mental  
19564 illness do not get the care they need.

19565 The Affordable Care Act's coverage expansions resulted  
19566 in significant increases in coverage and care among  
19567 individuals with mental illness and substance use disorders.  
19568 The percentage of adults with serious psychological distress  
19569 who are uninsured fell by over 8 percent between 2012 and  
19570 2015. Between 2010 and 2015, the number of people foregoing

19571 mental health care due to cost fell by about one-third for  
19572 people below 400 percent of the federal poverty level.

19573 It is also important to recognize the considerable role  
19574 that Medicaid plays in our behavioral health care system. In  
19575 2014, Medicaid accounted for 25 percent of all mental health  
19576 spending, and 21 percent of all substance use disorder  
19577 expenditures in the nation. In fact, Medicaid is the single  
19578 largest payer for mental health services in the United  
19579 States. Medicaid is also a key financing source for  
19580 medication-assisted treatment that assists individuals in  
19581 breaking free from their opioid addiction.

19582 The evidence is clear; rolling back at the ACA coverage  
19583 expansions and reducing traditional Medicaid will limit  
19584 access to behavioral services at a time when our country can  
19585 least afford it. I, therefore, most strongly urge my  
19586 colleagues to support this amendment. And with that, I yield  
19587 back.

19588 Mr. Barton. The gentleman yields back.

19589 Receives recognition, the gentleman from Kentucky, Mr.  
19590 Guthrie.

19591 Mr. Guthrie. Thank you very much, Mr. Chairman. Thank  
19592 you for the time.

19593 I just want to hit three quick points that I've talked

19594 about a few times. I just want to make sure I emphasize this.

19595 Under the per capita allotment reform, federal Medicaid  
19596 spending will continue to increase every year under the  
19597 policy, but at a rate that reflects the true cost of care.  
19598 The per capita allotment reform protects the individual  
19599 entitlement and does not change Medicaid rules regarding  
19600 access to care. The policy protects the individual  
19601 entitlement, but slows the rate of growth in the federal  
19602 government's contribution to the Medicaid program to reflect  
19603 real costs.

19604 And, moreover, a large portion of Medicaid spending is a  
19605 long-term care, which is not medical care. In addition, long-  
19606 term care's projected growth is much slower than the cost of  
19607 medical care; meaning, that this population's growth over  
19608 time would in no way be impacted by the growth rate chosen.

19609 I yield time to anyone on our side. Mr. Chairman, I  
19610 yield back.

19611 Mr. Barton. The gentleman yields back.

19612 Does the gentlelady from Florida seek recognition? The  
19613 gentlelady is recognized for five minutes.

19614 Ms. Castor. Thank you, Mr. Chairman.

19615 Just briefly, to support this important sense of the  
19616 House amendment regarding Medicaid. It's not accurate to say

19617 that when you go to a radical restructuring of Medicaid and  
19618 you put a cap on it, that it -- the cost will increase over  
19619 time equal to the cost of care. That's simply -- I don't know  
19620 of any reputable analyst who's looked at the impact of per  
19621 capita caps on our families that can say that.

19622 To the contrary, what happens with a cap is that you  
19623 have -- you're changing it to an amount. Yes, you set that  
19624 cap one year, you have a little adjustment I see in the GOP  
19625 bill, but over time what happens is that you can't -- you  
19626 don't keep up with it. And what we fear will happen is, in  
19627 the future the Congress then will ratchet it down even more,  
19628 and that simply puts our families too much at risk,  
19629 especially this older population.

19630 Let's, instead, work on reforms to control cost. There  
19631 is a lot of flexibility in Medicaid and innovation, but when  
19632 you go to the caps, you eliminate the ability of states to do  
19633 those innovative things. That's what a lot of the analysts  
19634 and experts say, so I would hope that we would at least say  
19635 adopt this important sense of the Congress amendment. And I  
19636 thank Mr. Lujan for filing this amendment. I yield to Mr.  
19637 Lujan.

19638 Mr. Lujan. Mr. Chairman, what I don't understand about  
19639 how many times that explanation has been given about not

19640 cutting federal money to the states. All last week and the  
19641 week before, all I read and all that I heard from our  
19642 colleagues was that Republicans were going to shift  
19643 responsibility to the states when it came to Medicaid; that  
19644 Republicans were going to shift costs to the states. Is that  
19645 accurate, Mr. Chairman, or counsel?

19646 Mr. Barton. We're going to give the states more  
19647 flexibility. That's a true statement.

19648 Mr. Lujan. Mr. Chairman, is it a true statement to say  
19649 that under the Republican bill, that costs will shift to the  
19650 states?

19651 Mr. Barton. I don't know that you could say we're going  
19652 to shift costs to the states.

19653 Mr. Lujan. Do the states have to pick up more of the  
19654 tab?

19655 Mr. Barton. Well, on the Medicaid expansion states,  
19656 after the freeze kicks in for new enrollees, and you have the  
19657 beginning of the ratchet down when they cannot add new  
19658 enrollees, if a state chose to continue to add that  
19659 population, they would have to -- they would only receive the  
19660 normal non-super-FMAP, if that makes sense to you.

19661 Mr. Lujan. It does, Mr. Chairman, because I'm just --  
19662 I'm trying to make sense why -- if I can find the article

19663 here. I'm trying to make sense why four U.S. Senators sent a  
19664 letter to Mitch McConnell saying that they're concerned about  
19665 the House Bill impact on Medicaid expansion in their states.  
19666 And that's -- oh, goodness, where is it at here? Senators Rob  
19667 Portman in Ohio, Shelley Moore Capito of West Virginia, Corey  
19668 Gardner, Colorado, and Lisa Murkowski of Alaska.

19669 If it's as good as my colleagues are saying it is, then  
19670 Portman, Capito, Gardner, and Murkowski should be screaming  
19671 from the mountaintops on how they love this; yet, they wrote  
19672 a letter with concerns to the impact of their constituents  
19673 here.

I'm ~~just~~ 19674 trying to make sense of it, Mr. Chairman, but appreciate the  
19675 response. That provided some clarity to me, and I yield back  
19676 to the lady from Florida.

19677 Mr. Barton. We are here to serve.

19678 Mr. Lujan. Thank you, Mr. Chairman.

19679 Mr. Barton. Who seeks recognition? The gentleman from  
19680 Maryland seeks recognition for what purpose?

19681 Mr. Sarbanes. I move to strike the word --

19682 Mr. Barton. The gentleman is recognized for five  
19683 minutes.

19684 Mr. Sarbanes. Very quickly, Mr. Chairman. I just want to  
19685 push back a little bit on this idea of flexibility, because

19686 that keeps being invoked as the basis for this fundamental  
19687 restructuring of the Medicaid program, and that's what it is.  
19688 It's not just going back to pre-ACA days, it's taking the  
19689 program to a completely different place, which we think is  
19690 going to damage the interests of Medicaid recipients.

But the fact of the matter is that we've had testimony in this committee  
19691 since I've been here from people at CMS describing the waiver  
19692 opportunities that different states have had to experiment  
19693 with innovation in their Medicaid programs, including  
19694 innovations that can result in some significant cost-savings.  
19695 But they've all made the point that their ability to do that  
19696 innovation is dependent on having a supportive partnership in  
19697 place; in other words, you can't innovate effectively if  
19698 you're under siege. And so, using the argument of providing  
19699 the states with more flexibility as a way of justifying  
19700 changing the formula so that less resources are going to  
19701 flow, in fact, is producing a situation where many of these  
19702 states who want to engage in some creative innovation around  
19703 their programs, again, in ways that may save money over time,  
19704 they're really going to be constrained from doing that  
19705 because they're going to be under this attack where the  
19706 partnership that's been there is going to be pulled out from  
19707 under them. So the notion that we're giving them flexibility,  
19708

19709 I think, can be called into question.

19710 You're putting pressure on the states, which makes it  
19711 harder for them to do the kind of constructive and sensible  
19712 innovation, and flexibility that I think we'd all like to  
19713 see.

19714 I yield back, unless somebody wants some time.

19715 Mr. Barton. I want to compliment the gentleman from  
19716 Maryland. I can't listen fast enough to Mr. Kennedy, but you  
19717 speak slowly and clearly. I can understand and listen to you.

19718 Does anybody seek recognition for any purpose? If not,  
19719 the Clerk will call the roll, and the Ranking Member has  
19720 asked for a roll call vote. Those in favor of the Lujan  
19721 amendment will vote yes, and those opposed will vote no.

19722 The Clerk. Mr. Barton.

19723 Mr. Barton. No.

19724 The Clerk. Mr. Barton votes no.

19725 Mr. Upton.

19726 Mr. Upton. No.

19727 The Clerk. Mr. Upton votes no.

19728 Mr. Shimkus.

19729 Mr. Shimkus. No.

19730 The Clerk. Mr. Shimkus votes no.

19731 Mr. Murphy. Mr. Burgess.

19732 Mr. Burgess. No.  
19733 The Clerk. Mr. Burgess votes no.  
19734 Mrs. Blackburn.  
19735 Mrs. Blackburn. No.  
19736 The Clerk. Mrs. Blackburn votes no.  
19737 Mr. Scalise.  
19738 Mr. Scalise. No.  
19739 The Clerk. Mr. Scalise votes no.  
19740 Mr. Latta.  
19741 Mr. Latta. No.  
19742 The Clerk. Mr. Latta votes no.  
19743 Mrs. McMorris Rodgers.  
19744 Mrs. McMorris Rodgers. No.  
19745 The Clerk. Mrs. McMorris Rodgers votes no.  
19746 Mr. Harper. Mr. Lance.  
19747 Mr. Lance. No.  
19748 The Clerk. Mr. Lance votes no.  
19749 Mr. Guthrie.  
19750 Mr. Guthrie. No.  
19751 The Clerk. Mr. Guthrie votes no.  
19752 Mr. Olson. Mr. McKinley.  
19753 Mr. McKinley. No.  
19754 The Clerk. Mr. McKinley votes no.

19755 Mr. Kinzinger.  
19756 Mr. Kinzinger. No.  
19757 The Clerk. Mr. Kinzinger votes no.  
19758 Mr. Griffith.  
19759 Mr. Griffith. No.  
19760 The Clerk. Mr. Griffith votes no.  
19761 Mr. Bilirakis.  
19762 Mr. Bilirakis. No.  
19763 The Clerk. Mr. Bilirakis votes no.  
19764 Mr. Johnson.  
19765 Mr. Johnson. No.  
19766 The Clerk. Mr. Johnson votes no.  
19767 Mr. Long.  
19768 Mr. Long. No.  
19769 The Clerk. Mr. Long votes no.  
19770 Mr. Bucshon.  
19771 Mr. Bucshon. No.  
19772 The Clerk. Mr. Bucshon votes no.  
19773 Mr. Flores.  
19774 Mr. Flores. No.  
19775 The Clerk. Mr. Flores votes no.  
19776 Mrs. Brooks.  
19777 Mrs. Brooks. No.

19778 The Clerk.

19779 Mrs. Brooks votes no.

19780 Mr. Mullin.

19781 Mr. Mullin No.

19782 The Clerk. Mr. Mullin votes no.

19783 Mr. Hudson.

19784 Mr. Hudson. No.

19785 The Clerk. Mr. Hudson votes no.

19786 Mr. Collins.

19787 Mr. Collins. No.

19788 The Clerk. Mr. Collins votes no.

19789 Mr. Cramer. Mr. Walberg.

19790 Mr. Walberg. No.

19791 The Clerk. Mr. Walberg votes no.

19792 Mrs. Walters.

19793 Mrs. Walters. No.

19794 The Clerk. Mrs. Walters votes no.

19795 Mr. Costello.

19796 Mr. Costello. No.

19797 The Clerk. Mr. Costello votes no.

19798 Mr. Carter.

19799 Mr. Carter. No.

19800 The Clerk. Mr. Carter votes no.

19801 Mr. Pallone.

19802 Mr. Pallone. Aye.

19803 The Clerk. Mr. Pallone votes aye.

19804 Mr. Rush. Ms. Eshoo.

19805 Ms. Eshoo. Aye.

19806 The Clerk. Ms. Eshoo votes aye.

19807 Mr. Engel. Mr. Green.

19808 Mr. Green. Aye.

19809 The Clerk. Mr. Green votes aye.

19810 Ms. DeGette.

19811 Ms. DeGette. Aye.

19812 The Clerk. Ms. DeGette votes aye.

19813 Mr. Doyle.

19814 Mr. Doyle. Yes.

19815 The Clerk. Mr. Doyle votes aye.

19816 Ms. Schakowsky.

19817 Ms. Schakowsky. Aye.

19818 The Clerk. Ms. Schakowsky votes aye.

19819 Mr. Butterfield.

19820 Mr. Butterfield. Aye.

19821 The Clerk. Mr. Butterfield votes aye.

19822 Ms. Matsui.

19823 Ms. Matsui. Aye.

19824 The Clerk. Ms. Matsui votes aye.  
19825 Ms. Castor.  
19826 Ms. Castor. Aye.  
19827 The Clerk. Ms. Castor votes aye.  
19828 Mr. Sarbanes.  
19829 Mr. Sarbanes. Aye.  
19830 The Clerk. Mr. Sarbanes votes aye.  
19831 Mr. McNerney. Mr. McNerney.  
19832 Mr. McNerney. Aye.  
19833 The Clerk. Mr. McNerney votes aye.  
19834 Mr. Welch.  
19835 Mr. Welch. Aye.  
19836 The Clerk. Mr. Welch votes aye.  
19837 Mr. Lujan.  
19838 Mr. Lujan. Aye.  
19839 The Clerk. Mr. Lujan votes aye.  
19840 Mr. Tonko.  
19841 Mr. Tonko. Aye.  
19842 The Clerk. Mr. Tonko votes aye.  
19843 Ms. Clarke.  
19844 Ms. Clarke. Aye.  
19845 The Clerk. Ms. Clarke votes aye.  
19846 Mr. Loeb sack.

19847 Mr. Loeb sack. Aye.  
19848 The Clerk. Mr. Loeb sack votes aye.  
19849 Mr. Schrader.  
19850 Mr. Schrader. Aye.  
19851 The Clerk. Mr. Schrader votes aye.  
19852 Mr. Kennedy.  
19853 Mr. Kennedy. Aye.  
19854 The Clerk. Mr. Kennedy votes aye.  
19855 Mr. Cardenas.  
19856 Mr. Cardenas. Aye.  
19857 The Clerk. Mr. Cardenas votes aye.  
19858 Mr. Ruiz.  
19859 Mr. Ruiz. Aye.  
19860 The Clerk. Mr. Ruiz votes aye.  
19861 Mr. Peters.  
19862 Mr. Peters. Aye.  
19863 The Clerk. Mr. Peters votes aye.  
19864 Mrs. Dingell.  
19865 Mrs. Dingell. Aye.  
19866 The Clerk. Mrs. Dingell votes aye.  
19867 Chairman Walden.  
19868 The Chairman. No.  
19869 The Clerk. Chairman Walden votes no.

19870 Mr. Barton. Ask their vote, gentleman from Pennsylvania.

19871 The Clerk. Mr. Murphy votes no.

19872 Mr. Barton. The gentleman from North Dakota.

19873 The Clerk. Mr. Cramer votes no.

19874 Mr. Barton. The gentleman from Texas.

19875 The Clerk. Mr. Olson votes no.

19876 Mr. Barton. Gentleman from --

19877 The Clerk. Mr. Harper votes no.

19878 Mr. Barton. Any members on the Minority side that

19879 haven't cast their vote? Seeing no other members present that

19880 wish to cast their vote, the Clerk will tally the vote and

19881 report it.

19882 The Clerk. Mr. Chairman, on that vote there were 22 ayes

19883 and 31 nos.

19884 Mr. Barton. 22 ayes and 31 nos. The amendment is not

19885 agreed to.

19886 The Chair would point out that it's dawn. If the

19887 Minority would be willing to move all their amendments en

19888 bloc and accept a no vote on a voice vote, and if the

19889 Majority would accept the Barton-Blackburn-Hudson amendment,

19890 we could end this, and I will buy Waffle House for everybody

19891 in the committee. Can't do it; worth a shot.

19892 Are there other members who wish to offer amendments?

19893 Gentleman from Vermont seeks recognition; for what purpose?

19894 The gentleman has an amendment at the desk. The clerk will

19895 report the amendment. Would the gentleman identify his

19896 amendment?

19897 Mr. Welch. Thank you. Yes, it is 202.

19898 Mr. Barton. Amendment 202.

19899 Mr. Welch. To strike Section 112C.

19900 Mr. Barton. The clerk will report the amendment and the

19901 clerk will pass out the amendment. We will consider the

19902 amendment as read, without objection, and the gentleman from

19903 Vermont --

19904 The Clerk. An amendment to the amendment in the nature

19905 of a substitute to the committee offered by Mr. Welch.

19906 Mr. Barton. The gentleman is recognized for five --

19907 Mr. Welch. Thank you very much.

19908 Mr. Chairman, before I start on the amendment, I'd like

19909 to just make an observation. I cannot believe the staff and

19910 what a job the staff has done for us all night both sides.

19911 Thank you very much. And CSPAN, thank you. Thank you all very

19912 much.

19913 One of the things, I believe, that we all agree on is

19914 that whatever health plan people have, it's excellent if they

19915 have essential health benefits covered. It's prevention, it's

19916 mental health and substance abuse, it's prescription drugs,  
19917 it's maternal and child health, it's lab tests, it's the  
19918 emergency room, it's prevention services that we've got  
19919 several physicians on our committee both sides of the aisle.  
19920 It gives people confidence that when they have something they  
19921 think is wrong with them they can get a medical opinion and  
19922 get medical advice in a timely way to address it.

19923           It's a combination of giving people peace of mind that  
19924 it's not going to bust the bank if they go see a physician,  
19925 and it's also really good for any people who may be sick to  
19926 get the help they need sooner rather than later, and to start  
19927 having regular interaction with their physician. And I  
19928 believe all of us believe that's a good idea. Whatever you  
19929 think about the Medicaid expansion, whatever you think about  
19930 private pay, whatever you think about what the subsidy should  
19931 be, the health care plan that provides people with essential  
19932 services is a very good thing.

19933           So my question is, why in the world would you eliminate  
19934 those essential health services from the Medicaid provisions  
19935 in your bill? Why not keep them in? That's going to -- the  
19936 Medicaid expansion we oppose. We're having that debate, but  
19937 now under your provision, those folks who are in the Medicaid  
19938 expansion are going to lose those essential health benefits.

19939 That's absolutely wrong; it's wrong medically, and it's wrong  
19940 as a matter of policy, and we shouldn't do it. It's really  
19941 that simple. And, obviously, now with all of us, in every one  
19942 of our districts we have a heroin and opioid problem, every  
19943 single one of us. It's the scourge of our times. And under  
19944 the bill as it is now written, people who need substance  
19945 abuse services are going to be denied the opportunity to get  
19946 those services.

19947 This is something that should be changed, and I hope  
19948 that whatever you think about the other provisions of the  
19949 bill, knowing that there is mutual concern about the opioid  
19950 crisis, and knowing that there's a mutual desire to have  
19951 Americans get access in a timely way to the essential health  
19952 care services that we require, that there would be an  
19953 openness to changing this provision and restoring those  
19954 essential health benefits.

19955 And I'd like to yield my time now to Mr. Kennedy.

19956 Mr. Kennedy. I thank my colleague from Vermont.

19957 I, obviously, wholeheartedly agree with the way you  
19958 characterized this amendment and the intent of it. And I  
19959 think it actually speaks to a bit of the discussion we were  
19960 having earlier on both sides of the aisle here, and the  
19961 belief, my interpretation, anyway, that some of these

19962 protections are actually already in place in the bill.

19963 I know that these protections are, or my understanding  
19964 is that those protections are in place for the individual  
19965 market, that these aren't in place for other aspects of  
19966 insurance coverage, so just to echo what Mr. Welch has said,  
19967 trying to make sure it remains available, those essential  
19968 protections remain available for the 11 or so million people  
19969 that are on the Medicaid expansion. It would seem to make  
19970 sense given the fact that they are a vulnerable population  
19971 and are going to need access to those benefits; and the  
19972 debate that we had earlier around insuring that there is one,  
19973 coverage, but then the benefits are also available so that  
19974 people can actually avail themselves of the care that they  
19975 are going to need and be able to afford it.

19976 I don't think there's actually -- I could be wrong on  
19977 this. I don't mean to speak for my colleagues. I don't  
19978 believe there's any real disagreement on the value of those  
19979 services. I would urge my colleagues; and, again, I think  
19980 under the -- I was under the impression, I think that some  
19981 believe that these protections were already in place in the  
19982 bill. And given that, I would urge their support for this  
19983 amendment.

19984 I yield back to Mr. Welch.

19985 Mr. Barton. Does the gentleman yield back his time? The  
19986 gentlelady is recognized for the last 20 seconds. We're going  
19987 to have somebody in our side before we come back.

19988 I want to ask the counsel before we go to Dr. Murphy,  
19989 what exactly does this Section 112C do? It says, "Sunset of  
19990 essential health benefits requirement." Explain what that  
19991 does. Page 8, line 3 through 7.

Counsel 19992 Mr. Barton, it just removes the application of the essential health  
19993 benefit plans mandated requirement that all states have  
19994 alternate benefit plans, must cover the essential health  
19995 benefits. It removes that mandate.

19996 Mr. Barton. For all of the categories, or for the --  
19997 Counsel. For alternate benefit plans, the benchmark  
19998 plans in Medicaid.

19999 Mr. Barton. I'm still not clear, but I'm sure everybody  
20000 else is.

20001 Does the gentleman from Pennsylvania seek recognition?

20002 Counsel. So benchmark plans were created in the DRA, and  
20003 they kind of evolved to use over time. In 2012, there were  
20004 about 12 states that used them, and then all expansion  
20005 enrollees are covered in alternative benefit plans, so it's a  
20006 benchmark that states get to choose from the Blue Cross/Blue  
20007 Shield option for Congress, for the state employee coverage,

20008 or the largest statewide HMO, or to work with the secretary  
20009 to determine appropriate coverage. So that's the idea, that  
20010 you get to pick amongst benchmarks. That's functionally how  
20011 they work.

20012 Mr. Kennedy. Mr. Chairman, if I may. I believe it's  
20013 essentially the Medicaid expansion plans. Right?

20014 Mr. Barton. Okay. I'm about half-asleep, so I'm going to  
20015 recognize Dr. Murphy. He understands it, and he can --

20016 Mr. Murphy. We can start the day with the Star Spangled  
20017 Banner, if you wish. It will wake us all up.

20018 Mr. Barton. That would.

20019 Mr. Murphy. Thank you, Mr. Chairman.

20020 First, just to be clear, counsel, alternate benefit  
20021 plans also -- mental health parity also applies to them. Am I  
20022 correct?

20023 Counsel. Yes, sir.

20024 Mr. Murphy. Okay. All right. So let me go through a few  
20025 things here.

20026 First of all, this provision does not modify a mandatory  
20027 benefit for Medicaid beneficiaries, but under this bill the  
20028 states could still choose to cover mental health benefits and  
20029 other health care services to Medicaid patients served by the  
20030 alternative benefit plans. It would have to apply -- would

20031 have the ability to better design solutions to meet the needs  
20032 of patients. And I go back to the point that we have put \$100  
20033 billion into this that states could use those funds for  
20034 mental health benefits.

20035 We've heard from both Red and Blue states they need to  
20036 be more -- they need more flexibility from Washington to  
20037 craft solutions that work for their patients. I'm going to  
20038 describe how they can do this in a minute, but alternative  
20039 benefit plans were created by the Deficit Reduction Act of  
20040 2005. This law gives states the option to enroll Medicaid  
20041 beneficiaries in these benchmark plans.

20042 ABPs, as they're known, give states flexibility to  
20043 basically benchmark coverage to one of four categories. As  
20044 you said, the Blue Cross/Blue Shield standards provider plan  
20045 under the Federal Employees Health Benefit Program, or a plan  
20046 offered to and generally available to state employees, or the  
20047 largest commercial health maintenance organization state or  
20048 coverage approved by the Secretary appropriate to meet the  
20049 needs of the targeted populations. But ABP coverage must have  
20050 the same actuarial value as those -- as one of these  
20051 benchmark options.

20052 I want to be clear, this bill does not change the  
20053 federal mental health parity requirements established. And I

20054 want to say that over and over again, because those laws  
20055 still apply. These requirements mandate that under a given  
20056 insurance plan, coverage of mental health and addiction  
20057 services, if offered, should be on par with coverage of  
20058 medical and surgical services in terms of treatment  
20059 limitations, the amount, the duration, scope of benefits,  
20060 financial requirements, beneficiary co-payments, in and out  
20061 of network covered benefits, annual lifetime dollar limits;  
20062 though, does not change the 2016 CMS rule which required  
20063 managed care plans both traditional, Medicaid and Medicaid  
20064 alternative benefit plans, as well as CHIP to comply with  
20065 mental health parity again.

20066 The reason for the provision in the bill is to give  
20067 governors and state legislatures more tools to better design  
20068 solutions for their patients. Now think about this; mandating  
20069 ABPs to alternative benefit plans, Congress is respectfully  
20070 saying they no better, don't trust the governors. Now, let me  
20071 describe how this can work.

20072 Five percent of Medicaid beneficiaries are responsible  
20073 for 55 percent of Medicaid spending. States have begun to  
20074 figure this out, about 1 percent of beneficiaries, about 15,  
20075 20 percent of spending. Eight out of ten people going to the  
20076 emergency room have at least some mental health issue

20077 associated with it that had that been addressed they wouldn't  
20078 be in the ER.

20079 As programs such as Geisinger, UPMC, and Kaiser, and  
20080 Intermountain, and other programs do this, they have finally  
20081 figured out that by providing services to people on Medicaid,  
20082 they can actually provide better service and lower cost.  
20083 Examples would be, let's say a woman with migraines, or  
20084 someone with inflammatory bowel disease, or someone with  
20085 schizophrenia or a heart problem have a lot more ER  
20086 admissions because in many cases they double or triple their  
20087 risk for depression, anxiety, panic disorders, or other  
20088 mental health disorders.

20089 States recognizing that they do better to treat these by  
20090 having easier access to physicians, and nurses, and nurse  
20091 practitioners, and many of them are now hiring within their  
20092 practice licensed counselors, psychologists, psychiatrists,  
20093 actually recognize that providing these services to their  
20094 beneficiaries, they lower cost; about 40 percent reduction.  
20095 They help keep people out of emergency rooms. They help keep  
20096 people out of inpatient, or I might say one of the goals and  
20097 stated plans of the Affordable Care Act was to increase  
20098 outpatient care and decrease emergency care and inpatient  
20099 care. It actually had the opposite effect. There's been more

20100 inpatient admissions, more emergency admissions because the  
20101 system wasn't working, because states were not collecting  
20102 data.

20103 This bill, by the way, requires states to collect data  
20104 and look at what is happening so that they recognize if they  
20105 provide these whole wrap-around services for persons with  
20106 chronic illness, with other psychological problems, or to  
20107 people with a primary mental health disorder who oftentimes  
20108 have other chronic illnesses. In other words, you can't be  
20109 treating physical illness without behavioral illness, as  
20110 well. And states are figuring this out, but they need the  
20111 flexibility to design these plans. These emerging things, not  
20112 something that Washington can work out, but something the  
20113 states have to have the knowledge and flexibility to move  
20114 forward on.

20115 This is getting into the weeds a lot and technical, and  
20116 I will make sure we have a hearing in Oversight &  
20117 Investigations so members can work on this together and come  
20118 up with some solid solutions for Medicaid reform.

20119 I yield back, Mr. Chairman.

20120 The Chairman. I thank the gentleman, and his time has  
20121 expired. Would members on this side like to respond? So I now  
20122 recognize the gentlelady from California, Ms. Eshoo, for five

20123 minutes on the amendment.

20124 Ms. Eshoo. Thank you, Mr. Chairman. Strike the last  
20125 word.

20126 Something comes to mind as I was looking at the list of  
20127 essential health benefits. Actually, two things came to mind.  
20128 Let me read what these benefits are. And what we're, of  
20129 course, debating is the bill phases these benefits out of  
20130 Medicaid coverage. The outpatient care a patient gets without  
20131 being admitted to a hospital, emergency services,  
20132 hospitalization like surgery and overnight stays, pregnancy,  
20133 maternity, newborn care, mental health and substance use  
20134 disorder services, prescription drugs, rehabilitative and  
20135 habilitative services and devices, laboratory services,  
20136 preventive and wellness services, and chronic disease  
20137 management, and pediatric services including oral and vision  
20138 care for infants and children.

20139 So, members of Congress, how about if someone informs  
20140 you right now that you and your family's policy, all of these  
20141 things are going to be ripped out of it? Just think of what  
20142 you would think. So, I think one of the first things we need  
20143 to think about is, is this fair?

20144 The other thing I thought of was what my father always  
20145 used to say. He used to say, "Honey, you know what? The best

20146 thing about citizenship in the United States is there's only  
20147 one class, first class." But you know what, if he was here  
20148 tonight, he would say uh-oh, people are not being -- this is  
20149 not first class citizenship here. Why are you doing this? Why  
20150 are you ripping these -- they are aptly named. These are  
20151 essential health benefits. Essential is probably the  
20152 operative word.

20153 Now, you want to use the word "flexibility," use the  
20154 word flexibility, but you know what, under Medicaid per  
20155 capita caps, once these essential health benefits are  
20156 repealed, the states are not going to have any incentive to  
20157 protect their Medicaid populations or provide them with the  
20158 kind of care that's built into these essential benefits.  
20159 They're just not. So, you know, don't tell us that this is  
20160 about flexibility.

20161 What governor came in and said let's get rid of  
20162 essential benefits? I don't think there is a Republican  
20163 governor or Democratic governor that would come in the door  
20164 and say that. So, this is lowering citizenship; just because  
20165 people don't have maybe all that some of us have, does not  
20166 make them lesser beings. And they desire essential benefits.  
20167 And if you're smart in terms of dollars, these are the best  
20168 dollars to spend because this is about prevention when you

20169 have these benefits, instead of waiting until people get  
20170 sicker, and sicker, and sicker and the care, of course,  
20171 becomes more complex, and it's costlier.

20172 So, obviously, I'm not for what's being proposed in the  
20173 bill, but it's -- I don't know; it has like a sense of -- I'm  
20174 embarrassed by it, that something like this would even be  
20175 considered. We're better than this.

20176 Mr. Welch, you want to take the rest of the time?

20177 Mr. Welch. Thank you very much.

20178 There's an abstraction that is infusing this debate,  
20179 flexibility. Does that mean, this is a serious question, that  
20180 a woman who's pregnant in Vermont can be denied maternal  
20181 health benefits, but a woman in New Hampshire can't be? We're  
20182 leaving that decision up to other people, as opposed to  
20183 making the decision on the basis of the need? That's  
20184 essentially what we're saying; it's pick and choose.

20185 And this talk about having it go back to the states,  
20186 we're talking about human beings, and last I knew they're the  
20187 same in Louisiana as they are in Vermont. If you're a  
20188 pregnant woman anywhere in this country, we don't want that  
20189 woman to have maternal and child health? That's what we're  
20190 saying with this amendment. It's really unnecessary, and it's  
20191 really stupid.

20192 I yield back.

20193 The Chairman. The Chair recognizes the gentleman from  
20194 Texas, Mr. Flores.

20195 Mr. Flores. Thank you, Mr. Chairman.

20196 I want to build on the comments that Mr. Murphy had  
20197 earlier, and I'd like to start out by saying that there is  
20198 precedent for this already. If we think about the PACE Act  
20199 that Mr. Guthrie championed recently, the PACE Act removed  
20200 the application of essential health benefits to the large  
20201 group market. Every Democrat in Congress supported the PACE  
20202 Act. It was voice voted off the House floor, it was voted off  
20203 the Senate floor, and President Obama signed into law. Chuck  
20204 Schumer was a co-sponsor, so there's precedent.

20205 Now, the reason for the provision in the bill is to give  
20206 governors and state legislatures more tools to better design  
20207 solutions for their patients. Think about it; by mandating  
20208 essential health benefits to alternative benefit plans,  
20209 Congress is effectively saying that they know better, that  
20210 they don't trust 50 governors or 50 state legislators.

20211 Why is the federal government setting this benchmark?  
20212 Why do we assume that allowing states to benchmark to what  
20213 Congress or state employees have for health care is  
20214 deficient? We believe that the states will continue to cover

20215 these services as most did before the ACA.

20216 One other thing; this change doesn't take effect until  
20217 December 31st of 2019, so if states still want to offer some  
20218 essential health benefits and alternative benefit plans in  
20219 Medicaid, they can work with the Secretary to design an  
20220 alternative benefit plan that works for their states. States  
20221 can tailor the benefits to the unique mental health benefits  
20222 of their state. States are much closer to their  
20223 beneficiaries, and are far better than Washington, D.C. at  
20224 knowing these needs and providing appropriate coverage.

20225 Also, it's important to note that our patient state,  
20226 excuse me, patient and state's ability fund give states the  
20227 ability to use those funds to promote access to preventative  
20228 services, including dental care services, whether preventive  
20229 or medically necessary, or any combination of such services.  
20230 And I want to highlight, as well as mental health and  
20231 substance use disorders.

20232 This meets the needs we heard from the states to allow  
20233 them to govern their own unique Medicaid populations, but  
20234 they have to follow the benchmark provisions. And just to  
20235 repeat what Mr. Murphy said, here what the benchmark  
20236 provisions are, again, just to remind everybody, it's either,  
20237 one, the Blue Cross/Blue Shield Standard Provider Plan under

20238 the Federal Employees Health Benefit Program, which we used  
20239 to be able to enjoy as members of Congress. Number two, a  
20240 plan offered to and generally available to state employees.  
20241 Those usually aren't too skimpy. Number three is the largest  
20242 commercial health maintenance organization in the state.  
20243 Again, that's not a fly-by-night plan. Or, four, the coverage  
20244 approved by the Secretary appropriate to meet the needs of  
20245 the targeted population.

20246 And again to repeat what Mr. Murphy said again one more  
20247 time, the alternative benefit equivalent coverage must have  
20248 the same actuarial value as one of those benchmark options.  
20249 So I think if you really look at what we're doing, we're  
20250 giving the states flexibility, but we haven't reduced the  
20251 ability of the states to meet their populations' needs.

20252 If there's another Republican that would like the rest  
20253 of my time, they can have it.

20254 The Chairman. Well, I might pick up on that a bit,  
20255 because basically what you said is that the PACE Act passed  
20256 unanimously. Right? And it did the same thing for large group  
20257 plans to give that flexibility. People recognized the  
20258 importance of that. It's not that we don't believe in these  
20259 things should be covered; it's you've got to have flexibility  
20260 in these plans for them to survive. And with the individual

20261 market crashing, everything else, we're trying overall to  
20262 work on all these different pots, and let the states have the  
20263 flexibility they need to work through this. So we did it for  
20264 a group of the bigger plans, we're saying we'll do it here.  
20265 It's worked before. Everybody agreed to that. President Obama  
20266 signed that into law.

20267 Mr. Flores. Right. Mr. Chairman --

20268 The Chairman. Am I missing something here, Mr. Flores?

20269 Mr. Flores. No, you're not. And, again, remember the  
20270 alternative benefit plans, where the state sets one up, have  
20271 to meet those minimum benchmarks that are not that easy to  
20272 meet. So I think --

20273 The Chairman. Again, those -- can you go through what  
20274 those minimum benchmarks are with these plans?

20275 Mr. Flores. Sure. The first one is the Blue Cross/Blue  
20276 Shield Standard Provider Plan under Federal Employees Health  
20277 Benefits --

20278 The Chairman. It's got to meet that.

20279 Mr. Flores. Right.

20280 The Chairman. Or?

20281 Mr. Flores. Two, a plan offered to and generally  
20282 available to state employees.

20283 The Chairman. All right. Those are usually pretty

20284 generous. Right?

20285 Mr. Flores. Usually, that's correct. The largest  
20286 commercial health maintenance organization in the state. And  
20287 they wouldn't be the largest if they're offering substandard  
20288 benefit packages. Or number four, the coverage approved by  
20289 the Secretary appropriate to meet the needs of the targeted  
20290 population. And, lastly, in the aggregate, the alternative  
20291 benefit plan has to meet the same actuarial value as one of  
20292 those benchmark options.

20293 The Chairman. All right.

20294 Mr. Flores. I yield back.

20295 The Chairman. The gentleman yields back. The Chair  
20296 recognizes the Ranking Member, Mr. Pallone, for five minutes  
20297 on the amendment.

20298 Mr. Pallone. Thank you, Mr. Chairman.

20299 I listened to the gentleman from Texas say that, you  
20300 know, this should be left up to the states, but the State of  
20301 Texas doesn't even provide expanded Medicaid. So, I mean, if  
20302 you leave it up to the states, in the case of his state,  
20303 people wouldn't even have Medicaid coverage in this expanded  
20304 category. So I don't even understand why in the world you'd  
20305 want to say that, you know, it should be left up to the  
20306 states.

20307           You know, I made this argument earlier this evening with  
20308 regard to a lot of the discriminatory practices. If we left  
20309 it up to the states or the way things used to be, you would  
20310 still have the problems of preexisting conditions, annual  
20311 caps, lifetime caps on insurance, you know, not having kids  
20312 on their policy up to the age of 26.

20313           I mean, the reason that the federal government stepped  
20314 in; and, of course, the intention was that states would adopt  
20315 expanded Medicaid. And the reason that the federal government  
20316 stepped in and dealt with so many of these issues, and didn't  
20317 leave it to the states, was because it wasn't working, and  
20318 they weren't providing benefits, so they had discriminatory  
20319 practices.

20320           So, you know, I just have to disagree with the general  
20321 premise that the gentleman from Texas is stating about  
20322 leaving it --

20323           Mr. Mr. Sarbanes. Would the gentleman yield?

20324           Mr. Pallone. -- up to the states. No, if I have time  
20325 left, I will. I just want to finish with my points here now.

20326           The essential benefits package, which we put in place  
20327 with the ACA for both expanded Medicaid, as well as the  
20328 private insurance market, for those buying insurance on the  
20329 Exchange, the individual market, was really -- was crucial.

20330 In other words, we not only wanted to cover people who had no  
20331 insurance, but we also wanted to make sure that they didn't  
20332 continue to have these skeletal plans, because beforehand,  
20333 you know, people go out and buy these skeletal plans, didn't  
20334 include hospitalization, didn't include doctor's visit. You  
20335 know, they basically could do whatever they want, and we  
20336 needed to have the guarantee of essential benefit package to  
20337 make sure that when people bought their insurance, it was  
20338 basically as good as you would get, you know, for a decent,  
20339 good Blue Cross/Blue Shield plan so that people didn't buy,  
20340 you know, gold star insurance and find out later that they  
20341 didn't even have hospitalization.

20342 So in the same way that we put it into the private  
20343 insurance market on the Marketplace, we also wanted to  
20344 include it for people that were in expanded Medicaid because,  
20345 first of all, a lot of those people go back and forth between  
20346 the two, depending on whether they're working, and what kind  
20347 of job they have. But the problem is that if you take this  
20348 away and you start cutting back on the amount of money that's  
20349 available under Medicaid, it's inevitable, in my opinion,  
20350 that the things that are more high cost, benefits that are  
20351 more high cost are going to be eliminated. And, you know,  
20352 this is a group that's disproportionately childless adults,

20353 many subject to opioid addiction. Behavioral health would be  
20354 the first thing that goes. We've already explained that, and  
20355 even though Mr. Murphy talks about parity, parity doesn't  
20356 help you if you don't have a package that includes behavioral  
20357 health or mental health care. It's not going to help you.  
20358 It's not going to cure that problem.

20359 Other things that were often dropped in the past were  
20360 maternal care, again because this childless adult population  
20361 was disproportionately male, so oftentimes it included  
20362 maternal care. Another thing that was often dropped were  
20363 prescription drugs because they tend to be very expensive. So  
20364 this is what you're going to see. You're going to see this  
20365 population, which has a high incidence of opioid addiction no  
20366 longer having any insurance to deal with their substance  
20367 abuse problem, many cases not having access to prescription  
20368 drugs. And all this talks about flexibility and leaving it up  
20369 to the states isn't going to do these people any good when  
20370 they don't have these benefits that are so crucial.

20371 So, you know, I just want to urge members to support  
20372 this amendment, and I yield to the gentleman from Maryland.

20373 Mr. Sarbanes. I thank the gentleman for yielding.

20374 I just want to reinforce your comments about treatment  
20375 services available for families who are suffering, and

20376 individuals who are suffering from opioid addiction. If you  
20377 look at it through a different lens you could say that, you  
20378 know, we could be doing even better up here than we have been  
20379 in responding to this crisis across the country. But it was  
20380 fortuitous that the Medicaid expansion was kind of coming in  
20381 in its full measure at that moment when the crisis was  
20382 accelerating, because those treatment services are there. So  
20383 the worst thing we could do right now by changing the  
20384 essential health benefits would be to pull those resources  
20385 away from people who need them, and are in this dire  
20386 situation.

20387 I yield back.

20388 The Chairman. The gentleman's time has expired.

20389 The Chair recognizes the gentleman from Texas, Mr.  
20390 Barton, for five minutes.

20391 Mr. Barton. Thank you.

20392 I must admit, Mr. Chairman, I don't totally understand  
20393 the essential benefits package because of all the complexity  
20394 of the traditional Medicaid, and then the expanded Medicaid,  
20395 and then the private market, all that. So I'm going to try to  
20396 create an analogy that I do understand, Mr. Chairman.

20397 Let's say that this committee passed the Federal  
20398 Election Campaign Act for members of Congress, Federal

20399 Election Campaign Act. Anybody who is a current member or  
20400 wanting to run for Congress had to follow this, and the  
20401 Federal Election Commission was empowered to put out an  
20402 essential campaign element. And you had to do -- if you were  
20403 going to run for Congress, you had to have these essential  
20404 campaign elements in your campaign plan, had to have bumper  
20405 stickers, had to have yard signs, had to have a billboard  
20406 program, had to have a four by eight program, and a four by  
20407 four program, had to have a radio program, had to have a TV  
20408 program, had to do neighborhood walk program, had to go on  
20409 talk radio, had to have a social media campaign, and had  
20410 minimum requirements for all that. And because they were  
20411 worried that some of the people that were in Congress, or  
20412 that were thinking about running for Congress couldn't afford  
20413 it, Federal Election Commission would pay 100 percent of the  
20414 cost for the first six years.

20415 Now, we all know how silly that would be. None of us  
20416 when we decided to run for Congress went to the Federal  
20417 Election Commission and found out how to run for Congress.  
20418 Some of us loved bumper stickers, some of us didn't. Some of  
20419 us used social media, some of us didn't. Some of us walked  
20420 neighborhoods, some of us didn't. Somehow we all got here. We  
20421 all used our own ingenuity to run the best campaign that we

20422 could have to put our best foot forward to get people to  
20423 elect us.

20424 My friends on the Democrat side seem to think that the  
20425 only way to guarantee that people are going to be covered is  
20426 if the federal government mandates it, got to have all these  
20427 mandates. Now, on our side we think well, there may be a few  
20428 mandates that you have to have, but generically we think --  
20429 we believe in markets. We believe that if we eliminate some  
20430 of the mandates in the Affordable Care Act, give the states  
20431 flexibility to run their Medicaid programs, that by golly,  
20432 they'll figure out how to provide the best health care they  
20433 can for their populations. And we basically believe in  
20434 freedom, and flexibility, and delegation back to the states,  
20435 but we're still going to have to pay for a lot of it.

20436 The Chairman. Would the gentleman yield?

20437 Mr. Barton. I'll yield to the Chairman, sure.

20438 The Chairman. I appreciate it, because you and I were  
20439 both here when we created Medicare Part D for Senior  
20440 Citizens, because there wasn't a pharmaceutical benefit  
20441 program. And we had the same set of arguments from the  
20442 Democrats, and we had to lock everything into the statute,  
20443 and we resisted that because we believed markets could work,  
20444 if given the flexibility.

20445 Mr. Barton. Right.

20446 The Chairman. And today that program is 40 percent,  
20447 roughly, below what the Congressional Budget Office thought  
20448 it would cost, seniors have about an 85 percent satisfaction  
20449 rate, which is pretty good, and there aren't bus trips to  
20450 Canada to get drugs.

20451 And my point of saying all that is, if you do -- if you  
20452 create the right market forces and empower -- start with the  
20453 consumer, empower the consumer, which we did in Medicare Part  
20454 D, it works.

20455 Mr. Barton. Right.

20456 The Chairman. And that's really what you're saying, is  
20457 rather than mandate a certain set of benefits, we allow  
20458 flexibility, and create a competitive market, these things  
20459 work. If you go the other way, you get what's happening in  
20460 the individual market right now; too many Washington mandates  
20461 drives the cost up, drives the people out you need in because  
20462 the prices are too high, the market fails. That's what we're  
20463 inheriting right now trying to fix in other parts of our  
20464 effort in insurance reform, health care reform. Some of that  
20465 we're doing here, some of it we'll do through Dr. Price, some  
20466 of it will be in regular legislating.

20467 Mr. Barton. I don't think, Mr. Chairman, that the

20468 essential benefits that are highlighted are necessarily bad,  
20469 or unnecessary.

20470 The Chairman. Right.

20471 Mr. Barton. I simply say, I think you can repeal them,  
20472 give the states flexibility, and require that the money we  
20473 send to the states be spent on health care for that  
20474 population.

20475 The Chairman. Right.

20476 Mr. Barton. And in most cases, they're going to adopt to  
20477 the needs of their constituency in that state.

20478 The Chairman. The gentleman's time has --

20479 Mr. Barton. That's my point.

20480 The Chairman. -- expired. Just going to work down, as  
20481 we're supposed to do here. Mr. Doyle is recognized for five  
20482 minutes.

20483 Mr. Doyle. Thank you, Mr. Chairman.

20484 Yes, I was around for that Medicare Part D debate, and  
20485 as I recall, Democrats wanted to negotiate with Pharma for  
20486 lower rates for seniors to use our buying power as this large  
20487 group, and I would say if you compare what seniors are paying  
20488 under Medicare Part D with what veterans are paying under VA  
20489 where they negotiated for pharmaceutical prices, the veterans  
20490 are getting a much better deal than our senior citizens are.

20491 So, you know, you say the market works; well, the market is  
20492 working a lot better in VA than it's working for senior  
20493 citizens in Medicare Part D, and it doesn't have a donut  
20494 hole.

20495 Let's get back to this other thing. The people that find  
20496 themselves in the Medicaid expansion group, and in  
20497 Pennsylvania over 80,000 people are in Medicare expansion  
20498 that have mental illness or substance use disorders. And  
20499 what's going to happen to these folks because the essential  
20500 benefit package doesn't apply there, is the guarantee is  
20501 gone. That's really what we're talking about here.

20502 Will they maybe get psychiatric care, or will they maybe  
20503 get care for their opioid disorder? They might, if  
20504 Pennsylvania decides they have the money to do it; although,  
20505 that money gets cut in the expansion group, or they may find  
20506 out that the money is just not there to do it, so the service  
20507 just can't be provided.

20508 They're going to have to make tough choices, and as my  
20509 governor said in the letter to us, is that we're pitting  
20510 people against one another, groups against one another for  
20511 the scarce dollars that will be available to provide these  
20512 benefits. So, all Democrats are saying is, there's a  
20513 guarantee in the regular Medicaid, but there's not a

20514 guarantee in the Medicaid expansion. And maybe people will  
20515 get coverage, and maybe they won't.

20516 And I think that's the difference, and that's the  
20517 distinction that we're trying to make. It's not a function of  
20518 the market working, or governors having flexibility. My  
20519 governor is going to be forced to make very tough choices  
20520 about who gets help and who doesn't as those dollars get  
20521 scarcer and scarcer. So, that's what we're talking about.

20522 And, you know, it seems to me in business since we  
20523 always talk about the market around here, is that most  
20524 business people I know when they're going to go out and buy  
20525 something, they negotiate for the best price. And maybe they  
20526 get two or three different bids on something they want.

20527 We didn't do that in Medicare Part D. We just basically  
20528 said to Pharma, you know, you're going to charge what you're  
20529 going to charge, and told seniors there's a donut hole. VA,  
20530 we negotiated. To me, that's how the market works. You go out  
20531 and you negotiate for things and get the best price.

20532 So I will gladly yield my remaining one minute and 30  
20533 seconds to anyone -- to Mr. Schrader.

20534 Mr. Schrader. Thank you, appreciate that.

20535 Yes, I think the idea the market always works has proven  
20536 dramatically wrong in 2008. We had a little thing called the

20537 Great Recession. It's important, I think, from time to time  
20538 for us to have a light hand of regulation and talk about how  
20539 to protect people from maybe shortsighted economic decisions  
20540 that cost them their health care, maybe their home over the  
20541 long haul. That's what the essential benefits package is  
20542 really all about.

20543         You can buy a catastrophic health care plan and get by  
20544 on the cheap, and think you're doing the right thing, only to  
20545 find out, you know, it doesn't maybe cover your catastrophic  
20546 problem, and maybe more importantly, as you get older doesn't  
20547 take care of your aging process where you're going to need  
20548 more health care.

20549         The whole idea behind any insurance product is that  
20550 you're paying over your lifetime commensurate with what your  
20551 needs are going to be at the end of the day. That's what  
20552 we're talking about. The essential benefits, more  
20553 importantly, keep you healthy. We're losing track. We're  
20554 always talking about insurance, and market. I mean, I like  
20555 that, but the main thing is, let's make sure these people are  
20556 healthy going forward, and that's what the essential benefits  
20557 do, they take care of a person's basic health care needs in  
20558 total. The other references to oh, it's already included, and  
20559 it's got to be like this plan, this Blue plan, that plan;

20560 then there's that says, you know, whatever the Secretary  
20561 wants. You can drive a truck through that, folks. Let's  
20562 protect these people. Let's help them make good lifetime  
20563 decisions, the essential benefits.

20564 I yield back.

20565 The Chairman. The gentleman's time has expired. Are  
20566 there other members seeking recognition on this amendment on  
20567 the Republican side? If not, we'll look this way, and Ms.  
20568 Schakowsky, you're recognized for five minutes on the  
20569 amendment.

20570 Ms. Schakowsky. Thank you, Mr. Chairman.

20571 Regarding this issue of being able to have the guarantee  
20572 that we can treat opioid addiction, I wanted to put into the  
20573 record, ask unanimous consent, a letter from the American  
20574 Society of Addiction Medicine that raises a number of  
20575 concerns. May I have unanimous consent to put this in the  
20576 record?

20577 The Chairman. Answer your question. Yes, of course.

20578 Ms. Schakowsky. Yes, okay.

20579 The Chairman. Without objection.

20580 Ms. Schakowsky. Thank you.

20581 So, here's what they say, in part. "We are concerned  
20582 that rolling back the Medicaid expansion, sun setting the

20583 essential health benefits requirement for Medicaid expansion  
20584 plans, and capping federal support for Medicaid benefits will  
20585 reduce coverage for and access to addiction treatment  
20586 services, changes that will be particularly painful in the  
20587 midst of the ongoing opioid addiction -- the opioid epidemic.  
20588 The Medicaid expansion, in particular, has led to significant  
20589 increases in coverage and treatment access for persons with  
20590 addiction. And to be sure, the American Society of Addiction  
20591 Medicine supports flexibility in the Medicaid program, and  
20592 has supported several states' applications for 1115 waivers  
20593 to transform their addiction treatment systems to offer all  
20594 levels of care described by the ASAM criteria, treatment  
20595 criteria for addictive substance-related and co-occurring  
20596 conditions; however, the Society has seen for decades how  
20597 states under-funded addiction treatment services, and waste  
20598 federal dollars on inefficient and ineffective care when they  
20599 are left to decide how to manage their federal Medicaid  
20600 dollars without mandates for parity and accountability to  
20601 cover appropriate care."

20602 So, the experts, the medical association that deals with  
20603 opioid addictions has some very serious concerns about this  
20604 idea of just leaving it to the states. And it seems like, as  
20605 many people have already said, a really bad time to start

20606 messing around with opportunities to treat this epidemic that  
20607 is occurring in so many states right now.

20608 So, if anybody wants my time, I'll put this in the  
20609 record and I will yield to the lady from -- the Honorable  
20610 lady from Florida.

20611 Ms. Castor. I thank Ms. Schakowsky for yielding the  
20612 time.

20613 You know, it's become more and more clear as this long  
20614 markup has gone along, the threat to Medicaid as we know it,  
20615 it is now crystal clear, especially if you're tuning in now,  
20616 here it's 7:30ish, the GOP Bill seeks to dismantle Medicaid  
20617 as we know it in a couple of ways.

20618 A lot of the debate overnight was on how it's funded,  
20619 and how we take care of seniors in nursing homes and  
20620 children, and a lot of our disabled neighbors. So we talked  
20621 about per capita caps. That's one way they go and really sock  
20622 it to the gut of our neighbors back home.

20623 The other way they're doing it besides the cuts is  
20624 they're now going to go to what is the -- really the meat of  
20625 it, is how we take care. There are a few basic fundamental  
20626 health services that are provided under Medicaid, the  
20627 essential health benefits. So on one hand they're going to  
20628 say we're going to cut the money, and on the other hand we're

20629 going to take away the health services that are meaningful to  
20630 our families.

20631 And if you listen closely you'll hear the word  
20632 "flexibility, flexibility, flexibility," used over and over  
20633 again, and it's a euphemism for cuts, because already  
20634 Medicaid is very flexible. States can innovate, they can get  
20635 waivers from federal, from CMS, but what it is, they're  
20636 trying -- let me translate it for you. It's a euphemism for  
20637 cuts and dismantling Medicaid as we know it that serves our  
20638 neighbors so well. In fact, it's a canard, and it would be  
20639 comical if it wasn't so serious to the way we take care of  
20640 each other in this country.

20641 The Chairman. The gentlelady's time has expired. Are  
20642 there others seeking recognition on this amendment? The  
20643 gentleman from Illinois is recognized for five minutes on the  
20644 amendment.

20645 Mr. Shimkus. Yes, I won't take that long. I appreciate  
20646 it.

20647 I think we all have dealt with providers in our  
20648 district, and so I take great exception at my colleague from  
20649 Florida's portrayal, because I've been asked by health care  
20650 providers for flexibility. And I've been asked for  
20651 flexibility from health care providers in the space that

20652 we've been talking about, drugs, mental illness, and the  
20653 like. Because what they want to do is they want to wraparound  
20654 those services with the medical ability when a lot of times  
20655 they immediately access the emergency room, and then they  
20656 need to get inpatient for a couple of days, and then they  
20657 need to get counseling. So, I would say that to make the  
20658 blanket statement as she has is not truly indicative of the  
20659 people who are on the ground providing services to those in  
20660 need.

20661 And I will yield back my time.

20662 The Chairman. Thank you. Would the gentleman yield?

20663 Mr. Shimkus. I would yield to you.

20664 The Chairman. Yes. So I want to pick up on that because  
20665 I've been in these meetings with governors, Republicans and  
20666 Democrats. And overall on the issue of Medicaid, this is what  
20667 many of them ask for. It's no euphemism, it's the reality  
20668 that's too often ignored by those who -- I'll leave it at  
20669 that.

20670 The issue is, they've asked us for flexibility. They say  
20671 -- I've had governors say to me why is it if Oregon gets a  
20672 waiver, I can't ask for the same waiver without having to go  
20673 through a whole big bureaucratic process? They said that in  
20674 the meeting. They said if California gets a waiver, this

20675 state gets a waiver, why can't I just apply and get the same  
20676 waiver? Instead, they have to go through an enormous and  
20677 expensive process that they argue they shouldn't have to.

20678 I mean, there's just one example after another, after  
20679 another that they gave to us, and so we listen to it. We  
20680 actually asked for their input. We wrote to every governor,  
20681 wrote to the insurance commissioners. We said tell us what's  
20682 your frustration? What can we help you fix here? We extended  
20683 the, I know it's unique, legislative hand of the federal  
20684 government to say we want to hear from you, and then we'll do  
20685 what we can here. Even trying to do minor things is very  
20686 difficult. Change is hard for some, but if we don't get  
20687 flexibility of the states we won't get innovation for the  
20688 states.

20689 Mr. Shimkus. Will the gentleman yield?

20690 The Chairman. And, again, it gets back to -- I'll just  
20691 give you, because we're now in this morning hour, my example  
20692 of my new friend, Governor Herbert of Utah. I mean, can you  
20693 imagine having to come to a person, some person in HHS CMS to  
20694 ask for a waiver to be able to email with people that email,  
20695 and then nine months later getting an email from the federal  
20696 government saying no? And Governor Herbert of Utah told me  
20697 that's \$6 million wasted.

20698           This is the kind of flexibility, it's just one example,  
20699 we can get you a lot of them. I'm sure your states can give  
20700 you those; that says we want flexibility. So when somebody  
20701 says flexibility is just a code word for something else, I  
20702 don't know. I guess I'm --

20703           Mr. Shimkus. Will the gentleman yield?

20704           The Chairman. I've listened to Governor Scott from  
20705 Florida, I've listened to Governor Walker of Wisconsin, I  
20706 talked to Governor Baker of Massachusetts, I've been on the  
20707 phone with Governor Kasich. I mean, they have different views  
20708 on these matters, but to almost a single one of them they  
20709 said please, give us some flexibility, but they also said we  
20710 want accountability, and there's a reason. Because anybody  
20711 that sat through the hearings we've done, the Oversight  
20712 hearings, we know from the GAO and the OIG, their own report  
20713 said there's all this problem with reporting. There's \$36.3  
20714 billion last year identified by the GAO in Medicaid of  
20715 improper payments. That doesn't mean it's all waste, fraud,  
20716 and abuse. It means improper payments, and they can't tell us  
20717 what -- how it's working.

20718           There are serious issues with Medicaid and the  
20719 accountability. There's a lot of work we're trying to get  
20720 through here. And, in fact, part of what we do in this bill

20721 is try to get at that information so we can take Medicaid off  
20722 the high risk list of the GAO.

20723 Mr. Shimkus. Would the Chairman yield?

20724 The Chairman. I yield back -- well, it's not my time.

20725 Mr. Shimkus. It's my time, and I'd like to finish with

20726 30 seconds, because we've had a long day and a half, or at

20727 least a full day, 24 hours, but please don't end this in a

20728 rancorous, accusatory tone where you make claims, when you

20729 know that many of us are dealing with these very issues.

20730 We're dealing with -- we all said we've got the opioid -- and

20731 there may be family members involved in this. And to say that

20732 we're not involved dealing with health care providers and

20733 listening to the need for flexibility, I just reject.

20734 I yield back my time.

20735 The Chairman. Sorry, the gentleman's time has expired.

20736 Are there other members seeking recognition? I believe Mr.

20737 Sarbanes would be next in seniority, if he is not --

20738 Mr. Sarbanes. Yes, I'll be real quick, and then I can

20739 yield to somebody.

20740 The Chairman. For five minutes.

20741 Mr. Sarbanes. Yes. I mean, flexibility is fine. We're

20742 not against flexibility, we're against flexibility that's a

20743 Trojan Horse for these cuts that are being put in place. When

20744 you ask the governors what do they need, and they say we need  
20745 flexibility, and we want the opportunity to do these 1115  
20746 waivers and so forth, terrific. Let's have those proposals  
20747 come forward. Some of them are extremely creative. Let's give  
20748 them the flexibility through that process that exists at CMS  
20749 to try out some new things, many of which not only provide --  
20750 can provide better care, but can also reduce costs over time,  
20751 so there is a mechanism for offering the flexibility.

20752 What we're concerned about is that you use the  
20753 flexibility offer to camouflage coming in with these cuts to  
20754 the resources that the states need, and so we're not against  
20755 flexibility. I think we would all support flexibility and  
20756 innovation, but let's not offer that to the states with one  
20757 hand, and then take away the kind of resources they need to  
20758 actually do that in an effective way with the other hand.

20759 And I'll yield to anybody who wants the time. Okay, I  
20760 yield back.

20761 The Chairman. The gentleman yields back his time. The  
20762 Chair recognizes the gentlelady from Tennessee for five  
20763 minutes.

20764 Mrs. Blackburn. Thank you. Mr. Chairman, when it comes  
20765 to the issue of the 1115 waiver system and flexibility, the  
20766 reason we are doing this is because our states, like my state

20767 of Tennessee, who spends hundreds of thousands of dollars and  
20768 months, and months trying to get CMS to adjust a waiver so  
20769 that they can do things more effectively, so that they can be  
20770 more efficient, so that the delivery is better, so that the  
20771 access is better.

20772 And I think it is so important as we look at the changes  
20773 in the delivery systems for health care, many which we  
20774 discussed and worked on when we did 21st Century Cures. As  
20775 this changes, as there's new technology, as there's more  
20776 opportunities that move into the delivery of health care, of  
20777 course our states want to be able to provide a better quality  
20778 of care, greater access, and address these issues, such as  
20779 the opioid addiction which affects so many of our  
20780 constituents, but if you will not let them have that space to  
20781 innovate, they're not going to be able to do it.

20782 Plus, just think about the number of man hours and the  
20783 amount of money that goes into applying for a waiver, working  
20784 through the changes of the waiver, and that could be going  
20785 into patient care.

20786 Mr. Chairman, I yield back.

20787 The Chairman. The gentlelady yields back the balance of  
20788 her time. The Chair recognizes the gentleman from New Mexico,  
20789 Mr. Lujan.

20790 Mr. Lujan. Thank you, Mr. Chairman. Strike the last  
20791 word.

20792 Mr. Chairman, what we've learned over the last 18 or 20  
20793 hours is that our Republican colleagues in the bill that's  
20794 before us, the Republican Repeal Bill, will shift  
20795 responsibility to states for Medicaid. Let me see if I can  
20796 translate what that means. That means that when Republicans  
20797 are going to shift responsibility to states, that means  
20798 they're going to shift costs to states. And when they're  
20799 shifting costs to states, that means they're passing costs on  
20800 to states.

20801 Now, specific to mental and behavioral health issues,  
20802 and opioid issues, and addiction, while the Republican  
20803 proposal does not repeal any federal parity requirements from  
20804 law, the Republican proposal will kill mental health parity  
20805 for millions of Americans and eliminate access to mental  
20806 health and substance use disorder services that is meant to  
20807 provide to them. Mental health parity is about insuring that  
20808 individuals with health insurance have coverage for the  
20809 behavioral health services that they need. Insuring that for  
20810 plans that cover mental health and substance abuse disorder  
20811 services, those services will be covered at parity to medical  
20812 and surgical services.

20813           The Republican draft will kick millions of Americans off  
20814 of insurance coverage, but leave them with this parting gift,  
20815 that they can't rest assured that if they are able to afford  
20816 coverage in the future, including paying the 30 percent  
20817 penalty because they were previously unable to afford  
20818 coverage, they could get health coverage that provides for  
20819 benefits for mental health and substance use disorder service  
20820 at parity to medical and surgical services.

20821           In addition to kicking millions of people off coverage,  
20822 the Republicans are repealing the requirement that states  
20823 provide coverage for mental health and substance use disorder  
20824 services to their Medicaid expansion population; meaning,  
20825 individuals covered by Medicaid expansion will no longer be  
20826 guaranteed coverage for mental health and substance use  
20827 disorder services.

20828           Therefore, although the parity requirements remain in  
20829 effect, there will be no guarantee that they will be offered  
20830 coverage for any mental health or behavioral health services.  
20831 Even worse, the Republicans are repealing Medicaid expansion  
20832 so they eventually won't even have coverage for their other  
20833 medical needs either. This is despite the fact that almost 30  
20834 percent of the persons who receive health insurance coverage  
20835 through the Medicaid expansion either have a mental health

20836 condition or substance use disorder; that more than 1.6  
20837 million people with substance use disorders, including opioid  
20838 use disorders gain coverage to the Medicaid expansion.

20839 This amendment is nothing more than an illusion. That's  
20840 what's wrong with the Republican repeal plan. The Republicans  
20841 are hoping that the behavioral health community will ignore  
20842 the devastating effect their proposal will have on access to  
20843 behavioral health services, including services to respond to  
20844 the opioid crisis. And instead of applauding Republicans for  
20845 not repealing any federal mental health parity requirements,  
20846 individuals with mental health and substance use disorders  
20847 and their families cannot afford to applaud such empty  
20848 action, or support the harmful Republican proposal.

20849 Mr. Chairman, it's my understanding that as soon as we  
20850 finish these amendments, we'll be -- there'll be a vote  
20851 before this committee on final passage of the draft/bill of  
20852 the Republican repeal effort. Again, this bill was posted at  
20853 6:00 p.m. Monday night. It wasn't too long ago when the  
20854 Chairman of our committee went before then-Speaker Pelosi and  
20855 demanded 72 hours that a bill be posted before there be a  
20856 vote. And if that wasn't good enough, there was a request --

20857 The Chairman. Would the gentleman yield?

20858 Mr. Lujan. I will not.

20859 The Chairman. Because that was seven years ago.

20860 Mr. Lujan. Seven years ago; seems like yesterday, Mr.  
20861 Chairman. And if that wasn't enough, there was another letter  
20862 that was a request signed by members of this committee on the  
20863 other side of the aisle demanding 14 days that a bill be  
20864 posted before it's voted on.

20865 I'm just saying, Mr. Chairman, how times have changed  
20866 seven years ago. It's good to see that it's morning in  
20867 America, Mr. Chairman. The people are watching, and I'm glad  
20868 they're tuning in right now.

20869 I yield back.

20870 The Chairman. The Chair recognizes himself, because you  
20871 brought this up earlier in this same markup, and I thought we  
20872 sort of had that figured out. That was an initial proposal of  
20873 72 hours, three days. We're trying to do reforms because of  
20874 what had happened under the Democrats' watch, and I go back  
20875 to Speaker Pelosi, told the National Association of Counties,  
20876 the big speech, we've got to pass Obamacare so you can find  
20877 out what's in it. And there were these multi-thousand page  
20878 bills that were being done in the dark at night, hundreds of  
20879 pages of amendments up in Rules. We would vote on it 9:00 the  
20880 next morning. This place was broken.

20881 And as you know, when Obamacare was considered in the

20882 House, Republicans had upwards of some 60 amendments at the  
20883 Rules Committee which we hoped to offer on the floor, and  
20884 were denied the opportunity to offer a single amendment, not  
20885 one, not one.

20886 You've gotten to the point of restricting amendments on  
20887 Appropriation Bills. You limited those, so we were trying to  
20888 open this thing up. There was a debate whether 72 hours or  
20889 three days, we settled on three days to give the House  
20890 flexibility. And so that's -- you know, we could re-litigate  
20891 all that but there is a reason this place needed a cleaning  
20892 and an airing.

20893 And, by the way, we brought cameras into the Rules  
20894 Committee so that the American people could see what was  
20895 going on up there. We tried to get you all to do that; you  
20896 wouldn't do it. Once we were in the majority, we opened it  
20897 up, we brought about regular order, we devolved the  
20898 authorities back here to the committees. And I'm proud of  
20899 that.

20900 Mr. Shimkus. Mr. Chairman, will you yield?

20901 The Chairman. I would certainly yield.

20902 Mr. Shimkus. Am I mistaken? Did they take away the  
20903 ability to do a motion to recommit for a while on the floor?

20904 The Chairman. I think that might have -- I'd have to

20905 consult with --

20906 Mr. Shimkus. I think that --

20907 The Chairman. -- an historian at this hour in the  
20908 morning, but I think that might have been the case.

20909 Mr. Shimkus. I think that's true, which we --

20910 The Chairman. Re-established, absolutely. And so, I  
20911 mean, we can re-litigate all that history. It's in the books,  
20912 people can look it up, but that's not what the American  
20913 people really want.

20914 What they want is us to fix these problems that have  
20915 come before us, and that's what we're doing today. And when  
20916 we asked the governors to give us input on what would work  
20917 best for the people of our states, these are the ideas they  
20918 brought forward. Now, we're not incorporating every idea of  
20919 every governor. They're in conflict in some cases about what  
20920 they want or don't want. We tried to find the best, and  
20921 that's what's represented in this bill; flexibility.

20922 And for Medicaid, remember if you're age, blind,  
20923 disabled, what Obamacare did. Obamacare said we're going to -  
20924 - the Democrats said we're going to give states 100 percent  
20925 funding to put a single able bodied adult, or an able bodied  
20926 adult onto Medicaid, and we'll put them on at 100 percent  
20927 federal funding, but if your age, blind, and disabled we

20928 might only pay 50 percent. And, by the way, there are states  
20929 with waiting lists for those most in need, and those states  
20930 decided well, I'll take the 100 percent because that's free,  
20931 put those people on, we'll make those most in need wait.

20932 That's a moral question that you all decided to go down  
20933 that road. And then they say to the states you've got to  
20934 maintain that effort, but we're going to pull the money back.  
20935 That's a little sleight of hand, and it's left some states  
20936 wondering what they bought into here, because then it goes  
20937 down to 90 percent but states have to keep a maintenance of  
20938 effort at 100 percent.

20939 And so what they did was prioritize this population over  
20940 those most in need. And all we're saying in this, the grand  
20941 change here is, should the federal government pay 90 percent  
20942 for aged, blind, and disabled, and 50 to 73 percent for  
20943 somebody that's -- or for the new eligibles, or 50 to 73  
20944 percent for aged, blind, and disabled? And we're just trying  
20945 to get back to where we take care of those most in need  
20946 first. That's what this is about; flexibility to the states.  
20947 And then fix this broken insurance market.

20948 The young people have fled from -- 19.2 million people,  
20949 45 percent of which are -- can we have order, please?

20950 Committee will come to order.

20951           Forty-five percent of which whom are under 35-years of  
20952 age. So when you look at the death spiral of the individual  
20953 market, it's because young people said I'll pay the IRS the  
20954 penalty you forced on me, or I'll get a waiver. Twice as many  
20955 of those did that as signed up. We're trying to reverse that;  
20956 get people back into the insurance market with affordable  
20957 insurance, more choices, better rates, and help for those who  
20958 really need it.

20959           And with that, I yield back the balance of my time. Are  
20960 there others seeking recognition? The gentleman from New  
20961 York, Mr. Tonko.

20962           Mr. Tonko Move to strike the last word, Mr. Chair.

20963           The Chairman. The gentleman is recognized.

20964           Mr. Tonko. Thank you.

20965           I rise in support of Mr. Welch's amendment. We've heard  
20966 a lot of talk yesterday and today about freedom. I still  
20967 haven't found the exact section of the bill that promises  
20968 more freedom, but I'll keep looking. But maybe it comes by  
20969 freedom by passing responsibilities to the states, or maybe  
20970 freedom from parity by not requiring coverage for mental  
20971 health services and the illness of addiction. Whatever it is,  
20972 we'll keep looking for freedom.

20973           But I wanted to talk about another kind of freedom; the

20974 freedom of finally being able to break the death grip of  
20975 addiction. Millions of our constituents have been able to  
20976 taste that freedom for the first time due to the reforms put  
20977 in place by the Affordable Care Act. The members of the  
20978 recovery community are, for me, personal heroes. As you get  
20979 to know these individuals, as I have on many occasions, the  
20980 last being to serve them on Super Bowl Sunday at one of their  
20981 centers. You know their journey is difficult enough, the  
20982 conversations will certainly prove that. The road to recovery  
20983 is already filled with far too many potholes, why would we  
20984 want to put another obstacle in people's way by playing with  
20985 their health insurance?

20986 Before the Affordable Care Act, if you bought coverage  
20987 on the individual or small group markets, mental health  
20988 parity was often not the reality for you. Because of this  
20989 expansion, more than 62 million Americans were able to access  
20990 mental health and substance use benefits for the first time.  
20991 Think about that, 62 million.

20992 Repealing the Medicaid expansion, as this bill does,  
20993 maybe not tomorrow but the benefit will wither away, would  
20994 rip coverage away from an estimated 1.6 million newly insured  
20995 individuals who are struggling with opioid abuse. What about  
20996 their freedom? What about their choice to recover?

20997 I can tell you this, when you put up barrier after  
20998 barrier, first making it harder to get insurance, then  
20999 fighting tooth and nail for the medication to make them  
21000 better, these people are not going to benefit from this  
21001 Republican repeal plan. If we're serious about not pulling  
21002 the rug out from folks, I don't see why we couldn't make this  
21003 promise so that my constituents don't have to worry about the  
21004 government interfering with their recovery. They deserve  
21005 better.

21006 And in closing, I would ask my Republican colleagues why  
21007 their bill keeps the essential health benefits for the  
21008 Marketplace, but not for Medicaid? Either you are  
21009 intentionally discriminating against the most vulnerable, or  
21010 you simply plan to pull the essential benefit rug out from  
21011 the Marketplace beneficiaries at a later date. Which is it?

21012 With that, I yield back.

21013 Mr. Guthrie. The gentleman yields back. Is there anyone  
21014 on the Majority side seeking -- the gentleman from Louisiana,  
21015 Mr. Scalise, is recognized for five minutes.

21016 Mr. Scalise. Thank you, Mr. Chairman.

21017 And I really want to go back to why we're here, and that  
21018 is because, first of all, Obamacare has failed the people of  
21019 this country. When you look at the skyrocketing premiums, I

21020 know throughout the night, we're here on I guess our 22nd  
21021 consecutive hour going through, and I want to thank the  
21022 Chairman for his patience because it's been a lot of the same  
21023 rehashed arguments recycled over and over again. I mean, we  
21024 understand that our friends on the other side of the aisle  
21025 want to hold on to Obamacare. Now at least throughout the  
21026 middle of the night a number of members on the other side  
21027 have recognized and acknowledged that Obamacare isn't working  
21028 for families. We haven't seen the kind of support for them to  
21029 join with us to repeal the law, but we're moving forward with  
21030 repeal anyway because it's something that we're committed to  
21031 doing, because the people that we represent, like the people  
21032 in my district when I said send me your stories about how  
21033 Obamacare has worked for you. And look at all these stories  
21034 of families, real people. Here's one, "Prior to the  
21035 implementation of Obamacare, my family of three had health  
21036 care coverage that fit our family at a market-driven  
21037 competitive price. Since Obamacare, our premiums have  
21038 skyrocketed. We have less meaningful coverage, we have  
21039 superfluous coverage like maternity care for my teenage son,  
21040 an additional bureaucracy that makes it almost impossible to  
21041 use."

21042 Here's another constituent of mine, "Premiums increased

21043 by 16 percent for 2016, and has now increased by an  
21044 additional 30 percent for 2017, and I'm never sick. I'm a 57-  
21045 year old divorced woman with no children. How many other  
21046 people am I paying for? I enjoy helping other people, but not  
21047 at the expense of being able to help myself."

21048 So what are we doing in our bill that not only repeals  
21049 Obamacare, but replaces it? Let's start with freedom. The  
21050 freedom in our bill is throughout the entire package that we  
21051 filed. Now, some people might not see freedom the same way.  
21052 To me, freedom is letting families make their own choices in  
21053 health care, and not on elected bureaucrats here in  
21054 Washington. Obamacare was look at the individual mandate, the  
21055 Employer Mandate that basically said if some unelected  
21056 bureaucratic here in Washington doesn't like your plan, then  
21057 you can't keep it. That's not freedom, so in our bill we  
21058 actually zero that out. We say there's no Employer Mandate  
21059 penalty, there's no individual mandate penalty, which means  
21060 people, families have the freedom to choose the health care  
21061 plan that they like. That's the ultimate freedom in health  
21062 care.

21063 Now, maybe some people don't view that as freedom  
21064 because they don't think people should be able to make that  
21065 choice for themselves, and there's clearly a philosophical

21066 difference we have. But you know what, if those are the two  
21067 definitions of freedom, I'm going to be on the side of giving  
21068 families the freedom to choose their own plan, not saying you  
21069 have to go through some unelected bureaucrat in Washington.  
21070 And if that bureaucrat, who you don't even know the name of,  
21071 says you can't buy the plan, then you're not allowed to do  
21072 it, or the IRS is going to penalize you. We get rid of that  
21073 penalty.

21074 Medicaid reform; the program hasn't been reformed since  
21075 the 1950s, so you look at what we do here, the 1960s, we  
21076 actually give states the flexibility, a majority of governors  
21077 in this country have said give us flexibility where we don't  
21078 have to come and beg CMS. We've heard from governors who say  
21079 it might take them over 1,000 pages to file a request for a  
21080 waiver from CMS, and usually they get rejected. In many  
21081 cases, it costs maybe a half a million dollars to file that  
21082 waiver. Why should they have to come and plead to the federal  
21083 government to do something innovative for their state where  
21084 they can actually provide better health care for their  
21085 citizens? That's freedom.

21086 And so the real question is, who do you trust? Do you  
21087 trust people, or do you think that the federal government  
21088 through unelected bureaucrats are the only people that can

21089 tell you what you can and can't do? So yes, we have a real  
21090 big difference of opinion on what that freedom is, but at  
21091 least in our bill we're not only gutting all of those  
21092 elements of Obamacare that take away your freedom, not to  
21093 mention all the job losses that come with it, all the  
21094 skyrocketing costs of health care premiums that come with it  
21095 that are real, that are going on today, people paying over  
21096 \$10,000 for deductibles, so they can't even use the little  
21097 card that they have. It's useless for them. Let's give them  
21098 their freedom back. Let families make their choices for  
21099 health care.

21100 I yield back the balance of my time.

21101 Mr. Barton. The gentleman yields back. Who seeks  
21102 recognition? The gentleman from Massachusetts is recognized  
21103 for five minutes.

21104 Mr. Kennedy. Thank you, Mr. Chairman. I'll try to keep  
21105 my typical pace without the Boston accent.

21106 A couple of things, and I know we've been going on a  
21107 while on this. I appreciate everybody's patience.

21108 Chairman Walden was talking about his conversations with  
21109 a number of governors. I know my governor from Massachusetts,  
21110 Governor Baker, was down here a while ago. I know I submitted  
21111 his letter that was done at the request of Leader McCarthy

21112 back in for the record, and I would just highlight again that  
21113 the letter states the importance of Medicaid. It states yes,  
21114 some requests for added flexibility, but not at the expense  
21115 of funding. And I think that's critical as we move forward  
21116 because we've heard an awful lot as this amendment, bringing  
21117 it back down to the text before the committee at the moment,  
21118 is about the essential health benefits for Medicaid  
21119 population. And we've heard from our colleagues that there's  
21120 a \$100 billion fund that could be used by states to provide  
21121 for those benefits because they are no longer guaranteed  
21122 under this new law with the repeal of the Affordable Care  
21123 Act. \$100 billion sounds like a lot of money; a couple of  
21124 caveats here.

21125 One, it's over nine years. Two, the first year is \$15  
21126 billion, the second year is \$15 billion, and then it's \$10  
21127 billion a year. Two, that goes to all 50 states. Three, 85  
21128 percent of that state-by-state allocation is done based off  
21129 of claims data, 15 percent is done based off of another  
21130 calculation. So when we start actually thinking about this,  
21131 the actual money allocation that goes to an individual state  
21132 is far less than saying hey, there's \$100 billion here that  
21133 states have to play with. Four, that funding goes to a wide  
21134 variety -- it can be used for a wide variety of different

21135 reasons. We've heard our colleagues reference that a bit over  
21136 the past 24 hours. One, reinsurance. Two, high-risk pools.  
21137 Three, covering additional benefits like the essential health  
21138 benefits.

21139 That's great, that's fine, that's what the money is  
21140 supposed to be used for. Wonderful. I'd point out, though,  
21141 that estimates show that for -- to adequately fund high-risk  
21142 pools, some estimates out there are saying you need \$180  
21143 billion just for a high-risk pool, and you've appropriated  
21144 \$100 billion over nine years, not the 180, so now all of a  
21145 sudden if we're trying to actually say this funding is going  
21146 to be available to do all of these things, we are double  
21147 counting it in a just absurd way to try to think that it's  
21148 going to meet all the obligations that is then rolled back by  
21149 the other provisions of this legislation.

21150 So I do think it's critically important as we go forward  
21151 that people understand what this -- how much money is there,  
21152 what it can be used for. It is not spelled out at least  
21153 initially all that clearly about how this funding is going to  
21154 go to each state. I understand that those figures are  
21155 ascertainable, again based off of some claims data, but it's  
21156 not inherently clear from the text. So, I think it's  
21157 important to recognize that the funds are far less than might

21158 be anticipated. And I would also point out that as we try to  
21159 get a sense for how much money these various reforms might  
21160 cost, a quick Google search here; Texas' Medicaid program in  
21161 2013, the quickest stuff that I could find, was itself \$25  
21162 billion. So the idea that somehow this is money that is going  
21163 to be able to be flushed out across the spectrum here is just  
21164 not true.

21165 This brings me back to the reason for the amendment in  
21166 the first place, which is -- we went through this 12, 14, 16,  
21167 18 hours ago when counsel acknowledged that the essential  
21168 health benefits package for the Medicaid expansion and some  
21169 of those benchmark plans is going to be repealed under this  
21170 legislation, period.

21171 I appreciate my colleagues walking through the 21st  
21172 Century Cures are still in place, and Mental Health Parity  
21173 Act is still in place. That does nothing when it comes to how  
21174 those laws interact and how those protections are actually  
21175 provided. Aside from the fact that if you erode the essential  
21176 health benefits package and in this instance, particularly  
21177 for mental health benefits, those guarantees are no longer  
21178 put in place. And so to try to say that all is well and that  
21179 there's additional funding that if you listen carefully to my  
21180 colleagues' testimony said that money could be used to do

21181 this. It doesn't say it will, it doesn't say it shall, he  
21182 said it could, because of flexibility. Flexibility, again, is  
21183 great, but if there's no funding to get there, that's not  
21184 flexibility. And I would say that's not freedom.

21185 If your idea of freedom is choosing between health care  
21186 and rent, that's not freedom. If it's health care and  
21187 mortgage, that's not freedom. And if it is, welcome to the  
21188 United States of America.

21189 I yield back.

21190 Mr. Barton. The gentleman yields back. Anybody seek  
21191 recognition on the Majority side? Oh, the gentleman from  
21192 Oklahoma is recognized for five minutes for purposes of  
21193 debate only.

21194 Mr. Mullin. I am -- move to strike the last word.

21195 I am not going to take my five minutes, but I do want to  
21196 point out some things. You know, we hear our colleagues on  
21197 the other side, and my good friend from Massachusetts just  
21198 brought it up, that if a person is having to choose between  
21199 paying their health care or rent, then that's not freedom.  
21200 We've heard the price is going through the roof right now.

21201 Earlier, I don't know, it may have been 21 hours ago, I  
21202 brought up the fact that premiums across the board have  
21203 raised by 25 percent, double digits. Oklahoma, premiums have

21204 raised by 76 percent, in Arizona 116 percent. That isn't  
21205 freedom. That's not choice when we're driving insurers out of  
21206 the market, and the majority of the counties across the  
21207 country only have one insurer to choose from. Oklahoma only  
21208 has one insurer on the Exchange to choose from. That's not  
21209 freedom. You're stuck.

21210 This is about bringing down the price, and when we start  
21211 talking about Medicaid, it has four purposes, is to take care  
21212 of the child, the single mother that's pregnant, the blind  
21213 and the disabled. That's what it was intended for. That was  
21214 what it was intended for. It was also intended for the states  
21215 to run it, because the states know their population the best.  
21216 All we're talking about is returning that freedom back to the  
21217 states.

21218 You're telling me that people here in Washington, D.C.  
21219 that's surrounded by concrete and have a misrepresentation of  
21220 what the rest of the country is like can tell my parents what  
21221 kind of health care they should have. They've never been on  
21222 our place. We've lived in the same place for -- well, since  
21223 before statehood, literally. Washington, D.C. has no reason  
21224 to be making those decisions. That's why Medicaid was set up  
21225 to be pushed down to the states' level and let the states run  
21226 them. We can do it more efficiently, and we can do it more

21227 effectively.

21228 I have personally met with over 30 governors. I don't  
21229 know how many of my colleagues over here have met with more  
21230 than 30 governors, and what they keep saying on Medicaid,  
21231 give us flexibility, give us flexibility. We can run it more  
21232 efficiently and provide better service.

21233 We're talking about rural health centers where I live.  
21234 There's 36 rural hospitals, and all of them are almost going  
21235 broke right now because they can't afford to take the  
21236 reimbursement rates that they're required to take the way the  
21237 ACA, Obamacare, has it set up.

21238 Yes, Joe, I'll yield to you.

21239 Mr. Kennedy. I'll be quick. I'll give it back to you.

21240 Mr. Mullin, I can see from somebody --

21241 Mr. Mullin. Mr. Mullin, wow, we're getting official  
21242 here.

21243 Mr. Kennedy. -- who has not been to Oklahoma, that I  
21244 cannot possibly indicate to you or your family what your  
21245 health choices should be. And I do concede --

21246 Mr. Mullin. I agree.

21247 Mr. Kennedy. -- that flexibility would be good, and I  
21248 would concede that there's challenges with the implementation  
21249 of the Affordable Care Act. Now, we can go back and forth

21250 about as to why that is, and why that happened, all the rest  
21251 of it. I don't mean to get into that argument now.

21252 I will say one of -- a couple of points. One, we've  
21253 heard an awful lot out of your caucus that the Affordable  
21254 Care Act is not working in your states and in your districts.  
21255 I take that --

21256 Mr. Mullin. Joe, in all due respect, we've heard a lot  
21257 of that from you all, too.

21258 Mr. Kennedy. So, I take you at your word for that,  
21259 clearly. I would also say that on all of the graphs that you  
21260 put up, that your caucus has put up, there's not a single one  
21261 that says what your plan is going to do to those premiums.  
21262 This has been a referendum on the ACA without any discussion  
21263 as to how your's is going to make it better other than --

21264 Mr. Mullin. Reclaiming my time. Just from the business  
21265 experiences that I have because that's all I've done.  
21266 Politics is new to my, guys, but I think it plays --

21267 Mr. Kennedy. I think you were a fighter at one point.

21268 Mr. Mullin. Well, it plays -- that actually is good for  
21269 up here.

21270 It plays just commonsense, the more I can get government  
21271 out of my companies, the more I can get the mandates away  
21272 from me, the easier it is to provide service to my customers

21273 which allows me to have larger revenues, which allows me to  
21274 hire and expand, which is the backbone of our economy. Fifty  
21275 percent of this country's economy is driven by small business  
21276 owners, S Corps, 50 percent.

21277 Mr. Butterfield. Would the gentleman --

21278 Mr. Mullin. And we're talking about getting rid of those  
21279 mandates, bringing the market back alive, allowing  
21280 entrepreneurs who built this country to come back alive,  
21281 reinvest in the insurance market, and creating an atmosphere  
21282 for that to be conducive. If we can create an atmosphere for  
21283 entrepreneurs to come alive, we will.

21284 We don't create anything but barriers here in  
21285 Washington, D.C. When we create an environment for  
21286 entrepreneurs to come alive, that alone, competition, will  
21287 drive down the cost.

21288 I'm sorry, I'm out of time. I yield back.

21289 Mr. Barton. The gentleman's time is expired. Who seeks  
21290 recognition on the Minority side? The gentleman from  
21291 California. The one who raised his hand first was Mr. Ruiz,  
21292 but it looks like Mr. Cardenas is going to take over, so  
21293 we'll recognize him.

21294 Mr. Cardenas. Thank you, Mr. Chairman.

21295 Mr. Barton. Five minutes.

21296 Mr. Cardenas. I just want to remind the American public  
21297 what's going on -- what's been going on over the last 24  
21298 hours in this committee. Talk about entrepreneurship;  
21299 basically, what we're doing -- what is being attempted by the  
21300 Republican bill is to unleash the insurance industry on the  
21301 American people the way it was before the Affordable Care Act  
21302 was enacted.

21303 Once again, some of us have said this earlier in this  
21304 committee, and I'll say it again. What the Republicans are  
21305 not reminding the American public, is that we had year-over-  
21306 year increases in insurance premiums that were going up, and  
21307 up, and up, and out of control. However, what the Republicans  
21308 refuse to talk about, as my colleague, Mr. Kennedy, just  
21309 pointed out, that they refuse to paint the entire picture of  
21310 what the American public, small businesses, families were  
21311 having to deal with, and what they were having to deal with  
21312 was premiums were going up while the coverage was less and  
21313 less, which meant that you were getting less for your money,  
21314 and you were getting higher premiums with coverage that  
21315 really wasn't coverage because, basically, what people were  
21316 getting was, if your child had asthma, they would turn down  
21317 your right to get insurance from Company X. And then  
21318 eventually when you found Company Y that would actually

21319 insure you, they'd say well, your son or daughter's asthma is  
21320 not covered.

21321 That doesn't make any sense. If I wanted to buy some car  
21322 insurance and they said but when you drive your car if  
21323 there's an accident, we're not covering you. Well, then why  
21324 am I getting insurance? Well, because unlike buying a car,  
21325 you have a family. Your wife needs insurance, you need  
21326 insurance, but you're going to have to forego having  
21327 insurance for your precious child that happens to have  
21328 asthma.

21329 That was the life of the American family, that was the  
21330 experience of the American family before the Affordable Care  
21331 Act. Now with the Affordable Care Act, unequivocally,  
21332 insurance companies are not allowed to do that to one family  
21333 in America. They are just not allowed to do that.

21334 In addition to that, before the Affordable Care Act, you  
21335 paid higher and higher premiums year, over year, over year in  
21336 every state in the Union, and what happened was you didn't  
21337 have the right to control the fact that they could take away  
21338 your home if somebody in your family had a catastrophic  
21339 illness. So you paid the premiums, if you're lucky you got  
21340 away with your life because you actually got health care, and  
21341 you got the operations, and the cancer was cured, but they

21342 took away your home. They devastated you financially.

21343 And that was the journey, that was the life of American  
21344 families all across America. Small businesses were having to  
21345 deal with it, families were having to deal with it, single  
21346 mothers were having to deal with it, and nobody would do a  
21347 darned thing about it until the Affordable Care Act came  
21348 along, and it is not perfect, but for the last seven years  
21349 the Republicans have been saying that they want to get rid of  
21350 the Affordable Care Act, otherwise known by them by  
21351 Obamacare.

21352 And what we're doing today is not good for the American  
21353 families, so I just want to warn the American people today,  
21354 the Republicans are likely going to get what they want  
21355 because they run both Houses and they now have the  
21356 Presidency, but I'm letting the American public know right  
21357 here, right now the premiums will continue to go up just like  
21358 they were before the Affordable Care Act, the premiums will  
21359 continue to go up with less and less coverage every single  
21360 year, the insurance companies' profits will go up year over  
21361 year more than they did over the last seven years, and the  
21362 American public is going to see more of their dollars come  
21363 out of their wallet with less coverage, and on top of that,  
21364 they're going to be losing their homes like they did before.

21365 That's what today is about.

21366 Yes, the Republicans control the gavel. They will win  
21367 the argument, they will win the vote at the end of the day in  
21368 this committee, they will win the vote on the floor of the  
21369 House, they will try to figure out how they're going to get  
21370 the Republicans, enough Republicans to stick with them in the  
21371 Senate. They'll probably make that happen by buying them off  
21372 with some, I don't know what, but the bottom line is this;  
21373 the American public will lose, lose, lose, lose at every  
21374 front. And that's the truth; it's as simple as that. Mark my  
21375 words a year from now, two years from now, three years from  
21376 now the American public is going to be thinking what the heck  
21377 did Washington do to me?

21378 I yield back.

21379 Mr. Barton. The gentleman's time has expired. Anybody on  
21380 -- oh, we have folks on the Majority side. Subcommittee  
21381 Chairman, Dr. Burgess, is recognized for five minutes.

21382 Mr. Burgess. Thank you, Mr. Chairman.

21383 Mr. Barton. For purposes of debate only.

21384 Mr. Burgess. Thank you.

21385 Well, you know, it's interesting in light of the  
21386 discussion we just heard, it's interesting because when you  
21387 ask the people who actually have insurance under the

21388 Affordable Care Act about their satisfaction levels, have  
21389 actually gone way down over the last year. And here's the  
21390 Investor's Business Daily from last Friday. It says, "The new  
21391 coverage -- the news coverage of the Affordable Care Act  
21392 these days has been all about protests against repeal and the  
21393 increase in public support for the law, but an actual survey  
21394 of actual Affordable Care Act customers released this week  
21395 paints an entirely different picture."

21396 Now this is interesting. They found that just 22 percent  
21397 of 44,000 Obamacare enrollees polled rate their health care  
21398 plan as good to excellent. That's down from a higher percent  
21399 that gave it high marks last year. The reason for the sharp  
21400 decline, continuing to quote from the article, "is higher  
21401 premiums, worse service, and lack of choice."

21402 Mr. Ruiz. Would the gentleman yield? It's hard to hear  
21403 you. Can you repeat that, again?

21404 Mr. Burgess. Yes, I'll be -- I'm sorry. I'll get closer  
21405 to the microphone. "The reason for the sharp decline was  
21406 higher premiums, worsening service, and lack of choice." They  
21407 found that 98 percent reported decline in customer service  
21408 support, 90 percent noted premium increases, 80 percent said  
21409 their plans had narrower provider networks, that's doctors,  
21410 narrower provider networks, and 77 percent said their plan's

21411 benefits had been trimmed, nearly two-thirds, 61 percent  
21412 complained about lack of competitors in their market. In  
21413 other words, "the collapse of competition in the Affordable  
21414 Care Act Exchanges which left five states and a third of U.S.  
21415 counties --

21416 Mr. Ruiz. Would the gentleman yield for a question?

21417 Mr. Burgess. -- with only one insurer has led to a  
21418 rapid deterioration in quality." Mr. Ruiz. Would the  
21419 gentleman yield for a question?

21420 Mr. Burgess. I need to finish this first. Again, this is  
21421 from the Investor's Business Daily from last Friday, so it's  
21422 relatively recent information.

21423 Mr. Ruiz. It's a question about the poll. What is the  
21424 sample size? Where was that poll conducted, in which states  
21425 was it --

21426 Mr. Burgess. I actually did not yield to the gentleman,  
21427 but since the question has been posed, the sample size was  
21428 44,200 Affordable Care Act enrollees, polled -- who rated --  
21429 22 percent of 44,000 enrollees rated their health care plans  
21430 as good to excellent.

21431 I'd like to yield time to the gentlelady from Tennessee.

21432 Mrs. Blackburn.. Thank you, Mr. Chairman.

21433 As we talk about freedom and what the satisfaction is,

21434 let me just read you this one email. "My family insurance  
21435 coverage is increasing 43 percent. We do not qualify for a  
21436 health care subsidy. We can purchase a non-qualified health  
21437 care plan with a separate dental plan for over \$300 cheaper  
21438 than the cheapest qualified plan without the dental  
21439 insurance. That comes to over \$3,600 a year. My question is,  
21440 why would we have to pay a tax penalty for purchasing more  
21441 affordable and better coverage? What can we, and many other  
21442 families like us do to avoid this penalty?"

21443 Now, when you talk about giving people freedom and their  
21444 right to choose a plan that's going to fit them, I want you  
21445 to think about this. You want to give them -- you want to  
21446 restrict them and not allow them to have an insurance plan  
21447 that is better, costs less, fits their need, and it leaves  
21448 them with \$3,600 a year in their pocket that they can use for  
21449 other things, maybe even pay co-pays for their insurance. And  
21450 to my colleagues that are saying, you know, there was nothing  
21451 before the Affordable Care Act, if I may remind you, in 2009  
21452 in this committee we had the Health Care Reform Act which had  
21453 been brought forward by Dave Camp who was Chairman of Ways  
21454 and Means, and it included many of the provisions that we all  
21455 in a bipartisan manner support today.

21456 I will also remind you, in 2006, this committee had a

21457 week dedicated to health care reform. Health care reform;  
21458 right here.

21459 Mr. Barton. The gentlelady's time has expired.

21460 Mrs. Blackburn. I yield back.

21461 Mr. Burgess. Mr. Chairman, just before yielding back, I  
21462 would ask unanimous consent to put this Investor's Business  
21463 Daily editorial in the record, please.

21464 Mr. Barton. Without objection, so ordered.

21465 The doctor -- you know, we need a per California cap on  
21466 the Minority. We've got six Californians on the committee.  
21467 The doctor from California, Dr. Ruiz.

21468 Mr. Ruiz. Thank you very, very much. We've been here for  
21469 22 hours. I want to take us back to the nature of this  
21470 amendment, which is the essential benefits that patients will  
21471 lose under this bill.

21472 There's been a lot of disagreement in these 22 hours. I  
21473 want to talk about something that I agree with my colleagues  
21474 on the other side, especially Dr. Murphy from Pennsylvania. I  
21475 agree about the rise of mental health patients in the  
21476 emergency department, and the need to do something about it.  
21477 How do I know? Well, I work in the emergency department. I've  
21478 worked in emergency departments at Harvard, at Pittsburgh, in  
21479 the Coachella Valley. I have visited emergency departments

21480 across the nation. I have taken care of those sick patients  
21481 that are opioid dependent, that are either in withdrawals or  
21482 practically in respiratory distress, and I had to resuscitate  
21483 them. I have taken care of patients who are thinking of  
21484 suicide, who attempted suicide, and who, unfortunately,  
21485 completed suicide. I have had to commit patients for  
21486 psychiatric evaluations who oftentimes have to stay in the  
21487 emergency department for three or more days taking up a  
21488 valuable resource of a hospital bed in an overcrowded  
21489 emergency department, and I can tell you why that's the case.  
21490 It's not Obamacare, it's because there has been repeated  
21491 assaults to our mental health services with poor funding. It  
21492 is because we have more people who have essential benefits  
21493 with more health insurance, and it's because we have a  
21494 shortage of mental health specialists, a shortage of  
21495 physicians to take care of those patients.

21496           So now, in this bill mental health is no longer  
21497 guaranteed as an essential benefit. It's optional. It gives  
21498 the states the flexibility not to offer care. And I can tell  
21499 you --

21500           The Chairman. Would the gentleman yield?

21501           Mr. Ruiz. Not yet; I will later.

21502           The Chairman. Okay.

21503 Mr. Ruiz. There is no physician who prefers patients who  
21504 don't have mental health coverage. It is the difference  
21505 between the words "may" versus "shall" in this bill. There is  
21506 parity with other provisions of health insurance that are  
21507 offered, but parity doesn't equate with access. So some of my  
21508 colleagues really focus on the market concept. And, you know,  
21509 there's a supply/demand curve. In this supply/demand curve  
21510 you set a price, and then you accept people who can't afford  
21511 the insurance and can't get care. And you might be okay with  
21512 that, but I'm not.

21513 The Chairman. Would the gentleman yield?

21514 Mr. Ruiz. No, not yet. I don't accept, and we don't  
21515 accept that there are people who suffer needlessly simply  
21516 because they can't afford care. They need the care, and we  
21517 want to guarantee that care for them.

21518 And listen, I'm not an ideologue here. I didn't grow up  
21519 in a partisan world. I'm a doctor. I care about giving care  
21520 to my patients. I care about preventing suicide. I care about  
21521 making sure patients are no longer addicted to opioids. I  
21522 care that they get the treatment and the follow-up that they  
21523 need and that they are not lost to follow-up. And it's not  
21524 just me, it's the American Medical Association, the doctors  
21525 all over the nation.

21526 Mr. Chairman, I ask unanimous consent to submit the  
21527 following letter by the AMA for the record.

21528 Mr. Barton. Without objection, so ordered.

21529 The Chairman. Will the gentleman yield?

21530 Mr. Ruiz. At this point, I will yield.

21531 The Chairman. Thank you. I appreciate your yielding,  
21532 because I know you're a medical provider. I know you care  
21533 deeply about these issues. By the way, I'm not a medical  
21534 provider, but I also care deeply about them. And I want to  
21535 make sure I understand the crux of your argument, which is  
21536 that you think it is completely wrong for us to vote to  
21537 eliminate any of these essential health benefits. Is that  
21538 what you're saying?

21539 Mr. Ruiz. What I am saying is that I believe it is wrong  
21540 to not provide in the word "shall" in the essential benefits  
21541 --

21542 The Chairman. Right.

21543 Mr. Ruiz. -- mental health while giving tax breaks to  
21544 corporations and millionaires.

21545 The Chairman. Here's --

21546 Mr. Ruiz. That's wrong.

21547 The Chairman. Here's why I ask, because you were a  
21548 cosponsor of the bill that President Obama signed that

21549 eliminated essential health benefits for millions of  
21550 Americans. You were a cosponsor --

21551 Mr. Ruiz. No, I'm going to have to recheck that.

21552 The Chairman. H.R. 1624, there are five Democrats on  
21553 this committee who cosponsored this bill, that did exactly  
21554 that. And it passed --

21555 Mr. Ruiz. You know, I want to reclaim my time.

21556 The Chairman. The President signed it into law.

21557 Mr. Ruiz. I want to reclaim my time. I'm going to look  
21558 at that bill. I'm going to look at that bill in detail, and I  
21559 want to give my time to Mr. Lujan.

21560 Well, this is the key element. The key element is that  
21561 we need to provide mental health services for patients who  
21562 need it; otherwise, we're just playing partisan ideological  
21563 games at the expense --

21564 Mr. Barton. The gentleman's time has expired.

21565 Mr. Ruiz. -- of our patients.

21566 Mr. Barton. The gentleman's time has expired. Who seeks  
21567 recognition on the Majority side? Seeing no one, oh.

21568 The Chairman. Somebody will.

21569 Mr. Barton. Mr. Olson of Texas is recognized for  
21570 purposes of debate only for five minutes.

21571 Mr. Olson. Strike the last word. Yield my time to Mr.

21572 Murphy from Pennsylvania.

21573 Mr. Murphy. I thank the gentleman for yielding. Look, I  
21574 want to clear something up here.

21575 First, the good news. I am pleased that this committee  
21576 is talking so much about mental health. When you look at  
21577 where we were a few years ago on this issue, nobody wanted to  
21578 touch it. It is --

21579 The Chairman. Mr. Chairman, the committee is not in  
21580 order.

21581 Mr. Barton. The Chairman is --

21582 The Chairman. It's back behind you, Mr. Chairman.

21583 Mr. Barton. I'm not as tough as you, Mr. Chairman. We  
21584 get regular order back here.

21585 Mr. Murphy. Thank you. So, I am pleased that this  
21586 committee is discussing in such detail and with such passion  
21587 mental health services, because for the longest time we  
21588 couldn't get anything moving. It took over four years, and  
21589 dozens of hearings, and hundreds of meetings, and thousands  
21590 of hours of work to get -- for helping Families With Mental  
21591 Health Crisis bill passed. But I want to point out something  
21592 that's happened here, too.

21593 In the last few years, while the Affordable Care Act has  
21594 been in effect, suicide rates have continued to soar, they've

21595 climbed. Homicides have continued high, victimization of the  
21596 mentally ill has continued high, and drug overdose deaths  
21597 have now surpassed in a year almost, or we're close to it the  
21598 number of combat deaths in the entire Vietnam War. It's not  
21599 working.

21600 Mr. Kennedy. Would the gentleman yield?

21601 Mr. Murphy. Not yet; I just got started.

21602 The issue here is parity is parity of benefits, and what  
21603 we have is other problems that have to be dealt with.

21604 Unfortunately, some things we couldn't get through in this  
21605 bill to make sure we had more providers. We need more  
21606 psychiatrists, and psychologists, and social workers. Half  
21607 the counties in America don't have them. We need a mechanism  
21608 to provide student loan forgiveness, too, for psychiatrists,  
21609 and for primary care physicians, other people --

21610 Mr. Murphy. Not yet. I just got started.

21611 The issue here is parity is parity benefits and what we  
21612 have is other problems that have to be dealt with.

21613 Unfortunately, some things we couldn't get through in this  
21614 bill to make sure we had more providers. We need more  
21615 psychiatrists and psychologists and social workers. Half the  
21616 counties in America don't have them. We need a mechanism to  
21617 provide school loan forgiveness, student loan forgiveness for

21618 psychiatrists and for primary care physicians and other  
21619 people who are doing this.

21620 But here is something else that has happened, very real  
21621 from the therapists that I know that are in this field. And  
21622 that is because people buy plans and have such high  
21623 deductibles, many times people will say to their therapist, I  
21624 can't come see you in January and February and March because  
21625 I have so much to pay in a deductible, I can't afford  
21626 psychotherapy services. Our goal here is not just to have  
21627 plans available and coverage available but to have ones where  
21628 people are not in a position where they say I can't afford to  
21629 be sick and I can't afford to get treatment.

21630 The goal here is having plans that people can choose  
21631 from. And as I stated earlier, Governors and other people  
21632 need to pay attention that even though they have Medicaid  
21633 coverage that covers some of this now, people aren't getting  
21634 the care. Look what also happens with people with mental  
21635 health problems. They have a high likelihood of being in  
21636 prison, ten times more likely to be in jail than in a  
21637 hospital when they have problems such as severe mental  
21638 illness such as schizophrenia. And that is the existing  
21639 conditions of having services involved for the Medicaid  
21640 population. It is not working there because the cost is so,

21641 so high.

21642 So then Medicaid, Governors and State Legislatures need  
21643 to be putting other services in place so they wrap around and  
21644 understand there is massive cost savings by being  
21645 compassionate, by doing these things. We will work on this  
21646 and I am eager to work with anybody on the other side of the  
21647 aisle to make these things happen.

21648 Mr. Kennedy. Would the gentleman yield?

21649 Mr. Murphy. Not yet. Not yet.

21650 Especially my friend, Mr. Kennedy, in terms of working  
21651 with you on these, I know you and I share an intense passion  
21652 for wanting to fix this. But what we have got to do is not  
21653 just have meetings but really work on solid legislation for  
21654 this so that we are able to come up with these solutions.

21655 But still, it isn't just a matter of saying well, we are  
21656 going to have these things available on your healthcare plans  
21657 if you still can't afford to have it because problems still  
21658 occur. We should be allowing, for example, psychologists to  
21659 bill under Medicare, which they can't do. So a lot of people  
21660 in the elderly population can't get access to services.

21661 So many other things we could be doing and I hope this  
21662 committee will take these things up in the future but for  
21663 now, we have got to make health care affordable and it is not

21664 and that is why so many people put off mental health care.

21665 I will yield a few seconds to my friend from

21666 Massachusetts.

21667 Mr. Kennedy. Thank you, Dr. Murphy. I know this is  
21668 something obviously you care very passionately about and, as  
21669 you know, as do I.

21670 I struggled to understand. Medicaid is largest payer of  
21671 mental health services in the country. It is one of the  
21672 first times I have heard that Medicaid pays doctors too much.

21673 Mr. Murphy. The gentleman, I did not say Medicaid pays  
21674 doctors too much.

21675 Mr. Kennedy. No, I think my understanding is it is just  
21676 the expense of Medicaid is too much.

21677 Mr. Murphy. Oh, no. I am sorry. Thank you. I will  
21678 clarify that. What I was saying, for an individual patient  
21679 who has to reach a high deductible, they will not have an  
21680 appointment because they haven't met the deductible yet.

21681 Because if they have an \$8,000 deductible, a \$5,000  
21682 deductible, they can't afford to do that sort of thing.

21683 Now under Medicaid, however, what happens is there is  
21684 not providers there. And what this committee did and I think  
21685 many of you oppose, when we had an amendment to try and  
21686 create more hospital beds, that was opposed.

21687 Mr. Barton. The gentleman's time has expired.

21688 Mr. Kennedy. A \$600 billion offset could go a long way  
21689 for those beds.

21690 Mr. Barton. Who seeks recognition? The gentleman from  
21691 California, Mr. McNerney.

21692 Mr. McNerney. Thank you. Thank you.

21693 You know in the wee hours of the night, there was a tone  
21694 of bipartisanship and that is gone now. So I am going to say  
21695 this. In health care, words like freedom, empowerment, and  
21696 flexibility are code words for shifting costs to individuals.  
21697 You will end up paying more for this plan, if you can get  
21698 coverage at all.

21699 So I want to yield a minute to the gentleman from  
21700 Vermont.

21701 Mr. Welch. Thank you. You know I have been sitting  
21702 here wondering why this debate has engaged us so much and I  
21703 think it is because of something -- hold on. You are not in  
21704 order.

21705 I think it is because, Mr. Barton, of something you said  
21706 early on. Yes, it is. You indicated that your personal  
21707 preference, orientation is towards less regulation and an  
21708 individual being able to make decisions. A lot of folks  
21709 agree with you. And you don't like mandates, by and large.

21710 But I think all of us have to acknowledge that whether  
21711 you are on the side of preference against mandates, and  
21712 Markwayne Mullin spoke very well about this, or you are  
21713 another side where you think more mandates may be better, the  
21714 fact is we need some mandates. And in this legislation we  
21715 have a mandate on age 26. We have a mandate on preexisting  
21716 conditions. We have a mandate on no lifetime cap.

21717 So you don't answer the question about what we should do  
21718 by taking the position that if it is a mandate it is good or  
21719 the position that if it is a mandate it is bad.

21720 And I believe that when it comes to something as  
21721 universally important as health care to all of our citizens,  
21722 a bedrock of our discussion has to be what are the things  
21723 that we can do that promote unity, that promote an embrace of  
21724 a common good. And when one of the essential health benefits  
21725 is maternal and child health, I don't have a problem with a  
21726 mandate that says women in Vermont, or women in Texas, or  
21727 women everywhere, will be assured that in the insurance  
21728 coverage they get, whether it is Medicaid or private policy,  
21729 there has to be included that kind of coverage.

21730 The absence of mandates has a price. Too much mandates  
21731 has a price. It gets in the way. It creates inefficiency.  
21732 That is true. But the absence of mandates can do much the

21733 same.

21734 Look at what happens in prescription drugs. Some actors  
21735 in the market abuse their market power. Look at what Martin  
21736 Shkreli did. He didn't invent a drug. He had a hedge fund  
21737 that bought a company that had a drug and he raised the price  
21738 from \$15 to \$1,500. That is an area where some state action  
21739 has to be taken, or debatable, in order to protect the public  
21740 from price gouging.

21741 So my request is that instead of us talking as though  
21742 you are being for a mandate or against a mandate, it doesn't  
21743 answer the question about what is good policy on something  
21744 that is universally important to all of the people we  
21745 represent and what are the limits of what we should do and  
21746 what are the limits of what we shouldn't do.

21747 I yield back.

21748 Mr. Barton. Will the gentleman yield for a question  
21749 before he yields back?

21750 Mr. Welch. Yes.

21751 Mr. Barton. Do you think that if we eliminated the  
21752 essential benefit package and let the States decide what to  
21753 cover and what not to cover that there wouldn't be some  
21754 carrier who would offer maternal benefits for young women?  
21755 Do you think the market would fail and that there would be no

21756 one willing to -- there is going to be a demand for maternal  
21757 benefits.

21758 Mr. Welch. Here is what --

21759 Mr. Barton. Some States are going to recognize that  
21760 they have women and men they have to cover and the companies  
21761 they contract with to provide the coverage are going to say,  
21762 for certain classes, we have to have maternal benefits.

21763 Mr. Welch. I do believe that there would be some  
21764 companies that would do that. But I also believe that, in  
21765 certain circumstances, it makes sense to have standards so  
21766 that the companies that are competing are competing on a  
21767 level playing field.

21768 Mr. Barton. Would the gentleman yield?

21769 Mr. Welch. I gave the story late last night about my  
21770 neighbor, Shorty Sawyer. He wanted insurance. He didn't  
21771 have a lot of skill in figuring out what the coverage was.  
21772 So having a baseline where there can be confidence the women  
21773 in your State and the women in mine can have access to  
21774 maternal health and then the companies compete on that level  
21775 playing field, I think is a worthwhile public policy debate.

21776 Mr. Barton. Well, the key is what you talked about is  
21777 competition. If there is no competition, you mentioned the  
21778 drug company, if there is a monopoly or an oligopoly, I think

21779 most Republicans would say there should be regulation. But  
21780 if you have true competition, in most cases, the competitive  
21781 nature will suffice to provide the benefit.

21782 We are on the majority side now. Anybody seek time on  
21783 the majority?

21784 If not, I believe the gentlelady from I believe New York  
21785 seeks recognition.

21786 Ms. Clarke. Yes, thank you, Mr. Chairman. I would like  
21787 to yield to Mr. Lujan of New Mexico.

21788 Mr. Lujan. Thanks, Ms. Clarke.

21789 I have a question for Chairman Walden. Mr. Chairman,  
21790 has the Republican Governors Association endorsed this bill?

21791 General Counsel, can you answer my question? Has the  
21792 Republican Governors Association endorsed this bill?

21793 The Chairman. As you know, sir, that is not a question  
21794 properly before the --

21795 Mr. Lujan. Mr. Chairman, I apologize.

21796 The Chairman. Yes, I figured that you may have known  
21797 that but I guess not.

21798 So I am not aware that the RGA has endorsed this bill,  
21799 no.

21800 Mr. Lujan. Mr. Chairman, has the National Governors  
21801 Association endorsed the bill?

21802 The Chairman. I am not aware of that.

21803 Mr. Lujan. Thank you, Mr. Chairman, reserving my time.

21804 I just heard a lot of talk about all the Governors that  
21805 everyone has been talking to.

21806 The Chairman. [Presiding.] Reserve your time or reclaim  
21807 your time?

21808 Mr. Lujan. I am sorry, reclaiming my time, sir. I  
21809 apologize. Thank you for the correction. After 23 hours,  
21810 Mr. Chairman, not only the voice goes, the mind goes a little  
21811 bit, sir.

21812 But with all the talk of the Governors' work our  
21813 Republican colleagues on this, I am surprised that not even  
21814 the Republican Governors Association has endorsed this bill  
21815 and I am not surprised that the National Governors  
21816 Association has not endorsed this bill.

21817 I won't even ask if the Democratic Governors Association  
21818 has endorsed this bill. I will take a guess on that one.

21819 But I also have found that these organizations also  
21820 oppose the bill as it is currently written: America's  
21821 Essential Hospitals, American Hospital Association,  
21822 Association of American Medical Colleges, Catholic Health  
21823 Association of the United States, Children's Hospital  
21824 Association, Federation of American Hospitals, National

21825 Association of Psychiatric Health Systems, the AMA, that is  
21826 the American Medical Association, the Nurses Union, AARP.

21827 At 5:53 this morning, one of our colleagues in the  
21828 Senate, Tom Cotton, posted House Healthcare Bill can't pass  
21829 Senate without major changes. To my friends in House: pause,  
21830 start over. Get it right, don't get it fast.

21831 And then there is this other article that was just  
21832 written that reads House GOP leadership released the text of  
21833 their plan to repeal and replace Obamacare last night and  
21834 they are getting quite a bit of push back on their own side  
21835 of the aisle, not to mention from the American Cancer  
21836 Society.

21837 Here is a running list of conservative organizations and  
21838 politicians across speaking out against the American Health  
21839 Care Act: Americans for Prosperity, Freedom Partners, Cato  
21840 Institute, Club for Growth, FreedomWorks, Heritage Action for  
21841 America, Republican Study Committee, Tea Party Patriots,  
21842 Justin Amash, Dave Brat, Senator Shelley Moor Capito, Senator  
21843 Cory Gardner, Lisa Murkowski, Rob Portman. And they are  
21844 opposing it right now because we will not support a plan that  
21845 does not include stability for Medicaid expansion,  
21846 populations, or flexibility of States. Senator Ted Cruz,  
21847 Representative Tom Garrett, Representative Louie Gohmert,

21848 Representative Jim Jordan, Senator Mike Lee, Governor Paul  
21849 LePage, Mark Meadows, Rand Paul, Mark Sanford.

21850 And so with that, Mr. Chairman, because we have been  
21851 here for 23 hours, there are still a lot of amendments on  
21852 that table, I would ask unanimous consent that we adjourn  
21853 today and return at 10:00 a.m. tomorrow morning so we can  
21854 continue this important hearing.

21855 Mr. Welch. I second. I second.

21856 Mr. Barton. I object.

21857 The Chairman. There is an objection.

21858 Mr. Lujan. I tried, Mr. Chairman. With that, I yield  
21859 back to Ms. Clarke from New York.

21860 Ms. Clarke. Mr. Chairman, I would like to yield the  
21861 remaining time to Dr. Ruiz. Oh, you don't need the time.

21862 Then, I yield to Anna Eshoo of California.

21863 Ms. Eshoo. I thank the gentlewoman from New York.

21864 I don't know what time we are going to end this morning  
21865 but I just want to say a couple of things. First of all, Mr.  
21866 Chairman, I think that you have been enormously --

21867 The Chairman. Would the gentlelady -- I just want to  
21868 get order.

21869 Ms. Eshoo. Sure.

21870 The Chairman. If members would -- I want to make sure

21871 that everyone can hear my friend from California. You may  
21872 proceed.

21873 Ms. Eshoo. Thank you, Mr. Chairman. I want to salute  
21874 you because I think that you have really comported yourself  
21875 in an admiral way. These are highly emotional issues that we  
21876 are talking about. And we have strong opinions about what we  
21877 think is the right thing to do.

21878 I don't agree with this bill but I thank you for the way  
21879 you have conducted yourself, the way the ranking member has  
21880 and I have to tell you, in listening to members for the last  
21881 how many hours, we don't want to count, on both sides of the  
21882 aisle, I think it shows that the members of the Energy and  
21883 Commerce Committee have really gone deep in terms of  
21884 substance.

21885 So I salute all of you. I mean we have missed a whole  
21886 night's sleep but this has been a worthy exercise.

21887 I would just like to close on this note. There is an  
21888 awful lot to talk about about freedom. And I don't think  
21889 there is anyone who doesn't have this in their DNA.

21890 The Chairman. The gentlelady's time has expired.

21891 Ms. Eshoo. Okay but to say that I think that my  
21892 constituents have enjoyed the freedom of what insurance  
21893 companies did to them.

21894 And with that, I will --

21895 The Chairman. The gentlelady's time has expired.

21896 Ms. Eshoo. Yes.

21897 The Chairman. Thank you. Are there other members  
21898 wishing to speak on this amendment or could we go to a vote  
21899 so we can move on to other amendments?

21900 The chair recognizes the gentlelady from Florida, Ms.  
21901 Castor, for 5 minutes to speak on the amendment.

21902 Ms. Castor. And I yield my time to Ranking Member  
21903 Pallone.

21904 Mr. Pallone. Thank you. I am just going to use a  
21905 minute or so here.

21906 I just wanted to say this. I want to go back to this  
21907 basic amendment, the idea of essential benefit package. I  
21908 think there has been a great debate about this this evening  
21909 or this morning because we feel so strongly about it. I mean  
21910 the bottom line is when we pass the ACA, we wanted to cover  
21911 as many people as possible. We wanted to keep costs  
21912 affordable but we also wanted to have great benefits. We  
21913 wanted to make sure people got a good benefit package. And  
21914 that is why we feel so strongly about this. And the main  
21915 thing was to get rid of these skeletal plans.

21916 I have heard a number of colleagues on the other side

21917 talk about people should have freedom of choice, freedom to  
21918 have skeletal plans, freedom to have a plan maybe that  
21919 doesn't include hospitalization, freedom to have no  
21920 insurance, you know get rid of the mandate.

21921 But what they forget is this is not like freedom of  
21922 speech. If you have the freedom to not have health insurance  
21923 or to have a lousy plan, then that burden falls on everybody  
21924 else because if you get sick, you go to the emergency room,  
21925 you don't have -- you are not compensated. And who pays?  
21926 The hospital and ultimately everyone else who has insurance  
21927 or the taxpayers.

21928 So it is not like other freedoms. Health care is  
21929 different. Somebody has to pay. Somebody takes on the  
21930 burden and it really isn't fair to say okay, I don't have to  
21931 have health insurance or I can have a skeletal plan and pay  
21932 practically nothing while everyone else takes the burden.

21933 And the last thing I wanted to say is you know Mr.  
21934 Scalise said earlier that last night all of us agreed on the  
21935 Democratic side that Obamacare was broken or needed major  
21936 changes. That isn't true. Basically, we said that we  
21937 thought that Obamacare has done a lot of great things but if  
21938 the Republicans think that they can do better, they have to  
21939 show how. And we don't believe that this bill makes things

21940 better in terms of covering more people, reducing prices, or  
21941 providing better benefits or care. And the burden is on you  
21942 when you put a bill up like this to show how you are going to  
21943 do those things. And I think the burden has not been met and  
21944 that is the reason why we don't agree and the reason why we  
21945 never actually indicated in any way that we think that what  
21946 you are proposing in any way is better than the Affordable  
21947 Care Act.

21948 I yield back.

21949 The Chairman. The gentleman yields back the balance of  
21950 his time. Are there other members seeking recognition?

21951 If not, we will go to a vote on the amendment. Those in  
21952 favor will vote aye; those opposed, no. And the clerk will  
21953 call the roll.

21954 The Clerk. Mr. Barton.

21955 [No response.]

21956 The Clerk. Mr. Upton.

21957 Mr. Upton. No.

21958 The Clerk. Mr. Upton votes no.

21959 Mr. Shimkus.

21960 Mr. Shimkus. No.

21961 The Clerk. Mr. Shimkus votes no.

21962 Mr. Murphy.

21963	<u>Mr. Murphy.</u>	No.
21964	The Clerk.	Mr. Murphy votes no.
21965	Mr. Burgess.	
21966	<u>Mr. Burgess.</u>	No.
21967	The Clerk.	Mr. Burgess votes no.
21968	Mrs. Blackburn.	
21969	<u>Mrs. Blackburn.</u>	No.
21970	The Clerk.	Mrs. Blackburn votes no.
21971	Mr. Scalise.	
21972	<u>Mr. Scalise.</u>	No.
21973	The Clerk.	Mr. Scalise votes no.
21974	Mr. Latta.	
21975	<u>Mr. Latta.</u>	No.
21976	The Clerk.	Mr. Latta votes no.
21977	Mrs. McMorris Rodgers.	
21978	<u>Mrs. McMorris Rodgers.</u>	No.
21979	The Clerk.	Mrs. McMorris Rodgers votes no.
21980	Mr. Harper.	
21981	<u>Mr. Harper.</u>	No.
21982	The Clerk.	Mr. Harper votes no.
21983	Mr. Lance.	
21984	<u>Mr. Lance.</u>	No.
21985	The Clerk.	Mr. Lance votes no.

21986	Mr. Guthrie.	
21987	<u>Mr. Guthrie.</u>	No.
21988	The Clerk.	Mr. Guthrie votes no.
21989	Mr. Olson.	
21990	<u>Mr. Olson.</u>	No.
21991	The Clerk.	Mr. Olson votes no.
21992	Mr. McKinley.	
21993	<u>Mr. McKinley.</u>	No.
21994	The Clerk.	Mr. McKinley votes no.
21995	Mr. Kinzinger.	
21996	<u>Mr. Kinzinger.</u>	No.
21997	The Clerk.	Mr. Kinzinger votes no.
21998	Mr. Griffith.	
21999	<u>Mr. Griffith.</u>	No.
22000	The Clerk.	Mr. Griffith votes no.
22001	Mr. Bilirakis.	
22002	<u>Mr. Bilirakis.</u>	No.
22003	The Clerk.	Mr. Bilirakis votes no.
22004	Mr. Johnson.	
22005	[No response.]	
22006	The Clerk.	Mr. Long.
22007	<u>Mr. Long.</u>	No.
22008	The Clerk.	Mr. Long votes no.

22009	Mr. Bucshon.	
22010	<u>Mr. Bucshon.</u>	No.
22011	The Clerk.	Mr. Bucshon votes no.
22012	Mr. Flores.	
22013	<u>Mr. Flores.</u>	No.
22014	The Clerk.	Mr. Flores votes no.
22015	Mrs. Brooks.	<u>Mrs. Brooks.</u> No.
22016	The Clerk.	Mrs. Brooks votes no.
22017	Mr. Mullin.	
22018	[No response.]	
22019	The Clerk.	Mr. Hudson.
22020	<u>Mr. Hudson.</u>	No.
22021	The Clerk.	Mr. Hudson votes no.
22022	Mr. Collins.	
22023	<u>Mr. Collins.</u>	No.
22024	The Clerk.	Mr. Collins votes no.
22025	Mr. Cramer.	
22026	<u>Mr. Cramer.</u>	No.
22027	The Clerk.	Mr. Cramer votes no.
22028	Mr. Walberg.	
22029	<u>Mr. Walberg.</u>	No.
22030	The Clerk.	Mr. Walberg votes no.
22031	Mrs. Walters.	

22032	<u>Mrs. Walters.</u>	No.
22033	The Clerk.	Mrs. Walters votes no.
22034	Mr. Costello.	
22035	<u>Mr. Costello.</u>	No.
22036	The Clerk.	Mr. Costello votes no.
22037	Mr. Carter.	
22038	<u>Mr. Carter.</u>	No.
22039	The Clerk.	Mr. Carter votes no.
22040	Mr. Pallone.	
22041	<u>Mr. Pallone.</u>	Aye.
22042	The Clerk.	Mr. Pallone votes aye.
22043	Mr. Rush.	
22044	[No response.]	
22045	The Clerk.	Ms. Eshoo.
22046	<u>Ms. Eshoo.</u>	Aye.
22047	The Clerk.	Ms. Eshoo votes aye.
22048	Mr. Engel.	
22049	<u>Mr. Engel.</u>	Aye.
22050	The Clerk.	Mr. Engel votes aye.
22051	Mr. Green.	
22052	<u>Mr. Green.</u>	Aye.
22053	The Clerk.	Mr. Green votes aye.
22054	Ms. DeGette.	

22055 Ms. DeGette. Aye.

22056 The Clerk. Ms. DeGette votes aye.

22057 Mr. Doyle.

22058 Mr. Doyle. Yes.

22059 The Clerk. Mr. Doyle votes aye.

22060 Ms. Schakowsky.

22061 Ms. Schakowsky. Aye.

22062 The Clerk. Ms. Schakowsky votes aye.

22063 Mr. Butterfield.

22064 Mr. Butterfield. Aye.

22065 The Clerk. Mr. Butterfield votes aye.

22066 Ms. Matsui.

22067 Ms. Matsui. Aye.

22068 The Clerk. Ms. Matsui votes aye.

22069 Ms. Castor.

22070 Ms. Castor. Aye.

22071 The Clerk. Ms. Castor votes aye.

22072 Mr. Sarbanes.

22073 Mr. Sarbanes. Aye.

22074 The Clerk. Mr. Sarbanes votes aye.

22075 Mr. McNerney.

22076 Mr. McNerney. Aye.

22077 The Clerk. Mr. McNerney votes aye.

22078 Mr. Welch.

22079 Mr. Welch. Aye.

22080 The Clerk. Mr. Welch votes aye.

22081 Mr. Lujan.

22082 Mr. Lujan. Aye.

22083 The Clerk. Mr. Lujan votes aye.

22084 Mr. Tonko.

22085 Mr. Tonko. Aye.

22086 The Clerk. Mr. Tonko votes aye.

22087 Ms. Clarke.

22088 Ms. Clarke. Aye.

22089 The Clerk. Ms. Clarke votes aye.

22090 Mr. Loeb sack.

22091 Mr. Loeb sack. Aye.

22092 The Clerk. Mr. Loeb sack votes aye.

22093 Mr. Schrader.

22094 Mr. Schrader. Aye.

22095 The Clerk. Mr. Schrader votes aye.

22096 Mr. Kennedy.

22097 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

22098 Mr. Cardenas.

22099 Mr. Cardenas. Aye.

22100 The Clerk. Mr. Cardenas votes aye.

22101 Mr. Ruiz.

22102 Mr. Ruiz. Aye.

22103 The Clerk. Mr. Ruiz votes aye.

22104 Mr. Peters.

22105 Mr. Peters. Aye.

22106 The Clerk. Mr. Peters votes aye.

22107 Mrs. Dingell.

22108 Mrs. Dingell. Aye.

22109 The Clerk. Mrs. Dingell votes aye.

22110 Chairman Walden.

22111 The Chairman. Votes no.

22112 The Clerk. Chairman Walden votes no.

22113 The Chairman. I want to make sure members have time to

22114 get here.

22115 Mr. Barton, how would you like to vote?

22116 Mr. Barton. No.

22117 The Clerk. Mr. Barton votes no.

22118 The Chairman. Mr. Mullin?

22119 Mr. Mullin. No.

22120 The Clerk. Mr. Mullin votes no.

22121 The Chairman. Johnson?

22122 Mr. Johnson. No.

22123 The Clerk. Mr. Johnson votes no.

22124 The Chairman. Are there any other Republicans not  
22125 recorded? How about on the Democratic side?

22126 Are there any members not recorded who wish to be  
22127 recorded? Have we got everybody? I just want to make sure  
22128 at this hour.

22129 Is Mr. Lujan recorded?

22130 The Clerk. Mr. Lujan is recorded aye.

22131 The Chairman. Okay. All right, then the clerk will  
22132 report the roll.

22133 The Clerk. Mr. Chairman, on that vote, there were 23  
22134 ayes and 31 noes.

22135 The Chairman. Twenty-three ayes, thirty-one noes. The  
22136 amendment is not approved.

22137 Are there other amendments? Seeing none -- seeing none.  
22138 Does anyone else want to offer -- I assume someone -- there  
22139 we go. I assumed somebody down there.

22140 And so Mr. Butterfield, for what purpose do you seek  
22141 recognition?

22142 Mr. Butterfield. I have an amendment at the desk,  
22143 number 26.

22144 [The Amendment offered by Mr. Butterfield follows:]

22145

22146 \*\*\*\*\*INSERT 33\*\*\*\*\*

22147           The Chairman. Twenty-six. We will let our staff find  
22148 it among the many amendments at the desk.

22149           The clerk will report the amendment.

22150           The Clerk. An Amendment to the Amendment in the Nature  
22151 of a Substitute to the Committee Print Offered by Mr.  
22152 Butterfield.

22153           Mr. Butterfield. Mr. Chairman, can I reserve a point of  
22154 order?

22155           The Chairman. The gentleman reserves a point of order.  
22156 The amendment will be considered as read and the chair  
22157 recognizes his friend from North Carolina, Mr. Butterfield,  
22158 to speak on his amendment.

22159           Mr. Butterfield. Thank you very much, Mr. Chairman, and  
22160 good morning to all of my colleagues. It has been an  
22161 interesting 22 hours.

22162           Mr. Chairman, my amendment will strike, if passed,  
22163 Section 133 of the bill regarding continuous coverage.  
22164 President Donald Trump has promised Americans with  
22165 preexisting conditions that they will continue to have the  
22166 same access to health coverage under the GOP repeal plan. My  
22167 colleagues on the other side of the aisle have also, at least  
22168 some of them, make such promises. However, the bill that we  
22169 are marking up today fails to live up to these promises.

22170           The bill unravels the ACA's protections for individuals  
22171 with preexisting conditions in many ways. First, the bill  
22172 puts low-income individuals and individuals with serious  
22173 preexisting conditions at risk for being financially  
22174 penalized by insurers with a 30 percent -- a 30 percent what  
22175 I would call a cancer tax and locked out of coverage. For  
22176 instance, according to the American Cancer Society, cancer  
22177 patients are likely to have gaps in coverage beyond their  
22178 control and would, therefore, be disproportionately penalized  
22179 by the continuous coverage requirement. And I want to quote,  
22180 research suggests that between 40 and 85 percent of cancer  
22181 patients stop working. They stop working while receiving  
22182 cancer treatment with absences ranging from 45 days to 6  
22183 months, depending on the treatment. Penalties imposed on  
22184 people in these situations may adversely impact access to  
22185 care, interrupt lifesaving treatment and make insurance  
22186 unaffordable when they attempt to regain coverage. End of  
22187 quote.

22188           Similarly, enrollees with serious medical conditions,  
22189 such as chronic illnesses and disabilities could find  
22190 themselves, quote, again, permanently locked out of coverage.  
22191 Individuals living with chronic illnesses and disabilities  
22192 are most vulnerable to the penalties of the continuous

22193 coverage requirements. End of quote.

22194 Additionally, Mr. Chairman, this bill will result in a  
22195 death spiral in the ACA Marketplaces, which will raise  
22196 premiums even more, even more for individuals with  
22197 preexisting conditions. This penalty, colleagues, will,  
22198 while onerous to those who are sick and need care, is  
22199 unlikely to incentivize healthy Americans to purchase  
22200 coverage. Many economists think they will gamble. They will  
22201 simply stay out of the market. They will stay out of the  
22202 market until and unless they get sick.

22203 As the young and healthy pull out of the pool, premiums  
22204 will go up. They won't go down. Premiums will go up for  
22205 those left in the market.

22206 I believe when we get the CBO score on Monday, or  
22207 whenever it is going to be, it is going to be a rude  
22208 awakening for my Republican friends. We will see it when it  
22209 comes.

22210 I would like to enter into the record The New York Times  
22211 articles that describes a phenomenon called Why Even Some  
22212 Republicans are Rejecting the Replacement Bill. I ask  
22213 unanimous consent that it be submitted and received.

22214 The Chairman. Without objection.

22215 [The information follows:]

22216

22217

\*\*\*\*\*COMMITTEE INSERT 34\*\*\*\*\*

22218 Mr. Butterfield. Thank you.

22219 In conclusion, Mr. Chairman, this bill does not protect  
22220 Americans with preexisting conditions. It penalizes the  
22221 sickest and the poorest when they most need health insurance  
22222 coverage.

22223 I urge my colleagues to support, please support this  
22224 amendment and give Americans a true guarantee of meaningful  
22225 coverage as we did under the Affordable Care Act. Let us  
22226 strike the continuous coverage provision from this bill.

22227 Does anyone desire any time? Thank you. I yield back.

22228 The Chairman. The gentleman yields back.

22229 The chair recognizes the gentlelady from Indiana, Ms.  
22230 Brooks, for 5 minutes.

22231 Mrs. Brooks. Mr. Chairman, I strike the last word.

22232 Republicans believe that strong patient protections are  
22233 about fairness. We support banning lifetime or annual caps,  
22234 ending the practice of excluding benefits based on  
22235 preexisting conditions and stopping the practice of health  
22236 status underwriting as we have talked about off and on for  
22237 the last 22 hours. We also understand that in order to have  
22238 these important patient protections, there must be an  
22239 incentive to enroll in health care.

22240 The Obama administration chose otherwise. They chose to

22241 mandate coverage and enforce penalties on every single  
22242 American that chose not to buy a Washington-mandated product.

22243 As we heard from one of our colleagues, the gentleman  
22244 from Pennsylvania, earlier, who has been involved in the  
22245 healthcare industry, when someone buys health insurance, they  
22246 are buying membership -- membership to a healthcare plan that  
22247 delivers the benefits they choose. Our plan protects members  
22248 of health insurance and it is a thoughtful solution that  
22249 focuses on the needs of health insurance consumers.

22250 So when the Obama administration forced and mandated  
22251 coverage, economists have told us that -- have sold Obamacare  
22252 on an inaccurate estimate that the individual mandate would  
22253 lead to 21 million people enrolling in the plans created in  
22254 Obamacare but that is not what happened. The reality is that  
22255 the enrollment hasn't even reached half that number and their  
22256 plans were based on that number; 19.2 million people have  
22257 actually paid the individual mandate tax or claimed an  
22258 exemption, which is actually to the enrollment projections.  
22259 And Democrats and the economists can't have it both ways.

22260 We don't believe in mandating things and we don't intend  
22261 on mandating things now. So, continuous coverage means  
22262 encouraging and incentivizing individual responsibility in  
22263 health care.

22264           We aren't here to tell people how to make decisions  
22265           about their health. We trust them to make the right  
22266           decisions when it comes to deciding what health care works  
22267           and doesn't work for them.

22268           The important thing, though, is that when we talk about  
22269           continuous coverage, this is not a new concept in our  
22270           country. We already do it with both Medicare Part B and D.  
22271           For Medicare Part B, there is a ten percent surcharge on base  
22272           premiums. For Part D, there is a one percent surcharge  
22273           placed on base premiums for each month that a beneficiary is  
22274           not enrolled.

22275           Continuous coverage is working effectively for our  
22276           seniors and it will work well for the rest of us. It has a  
22277           proven track record with Medicare. It has led to stable  
22278           markets that have delivered meaningful results for Americans.

22279           And with respect to my colleague's comment with respect  
22280           to the 30 percent surcharge which is in our bill, I find it  
22281           interesting that the same colleague who has been involved for  
22282           much of his career in insurance actually found the 30 percent  
22283           surcharge to be laughable as if it wasn't enough and wouldn't  
22284           encourage individuals to continue their coverage.

22285           And so in order to make insurance plans affordable,  
22286           which is what we are trying to do, make sure that we can

22287 cover preexisting conditions, which is critically important,  
22288 we have heard from our constituents all across the country  
22289 that that is very important. We have to have an insurance  
22290 market that encourages and incentivizes people to continue  
22291 their coverage.

22292 And so with that, I will yield any other time, my time  
22293 remaining to any other members on my side of the aisle.

22294 With that, I yield back.

22295 The Chairman. All right. Other members seeking  
22296 recognition?

22297 If not, the vote is on the Butterfield Amendment. Those  
22298 in favor vote aye; those opposed, no. And the clerk will  
22299 call the roll.

22300 The Clerk. Mr. Barton.

22301 [No response.]

22302 The Clerk. Mr. Upton.

22303 Mr. Upton. No.

22304 The Clerk. Mr. Upton votes no.

22305 Mr. Shimkus.

22306 Mr. Shimkus. No.

22307 The Clerk. Mr. Shimkus votes no.

22308 Mr. Murphy.

22309 [No response.]

22310 The Clerk. Mr. Burgess.

22311 [No response.]

22312 The Clerk. Mrs. Blackburn.

22313 Mrs. Blackburn. No.

22314 The Clerk. Mrs. Blackburn votes no.

22315 Mr. Scalise.

22316 [No response.]

22317 The Clerk. Mr. Latta.

22318 Mr. Latta. No.

22319 The Clerk. Mr. Latta votes no.

22320 Mrs. McMorris Rodgers.

22321 Mrs. McMorris Rodgers. No.

22322 The Clerk. Mrs. McMorris Rodgers votes no.

22323 Mr. Harper.

22324 Mr. Harper. No.

22325 The Clerk. Mr. Harper votes no.

22326 Mr. Lance.

22327 Mr. Lance. No.

22328 The Clerk. Mr. Lance votes no.

22329 Mr. Guthrie.

22330 [No response.]

22331 The Clerk. Mr. Olson.

22332 Mr. Olson. No.

22333 The Clerk. Mr. Olson votes no.  
22334 Mr. McKinley.  
22335 [No response.]  
22336 The Clerk. Mr. Kinzinger.  
22337 [No response.]  
22338 The Clerk. Mr. Griffith.  
22339 Mr. Griffith. No.  
22340 The Clerk. Mr. Griffith votes no.  
22341 Mr. Bilirakis.  
22342 [No response.]  
22343 The Clerk. Mr. Johnson.  
22344 [No response.]  
22345 The Clerk. Mr. Long.  
22346 Mr. Long. No.  
22347 The Clerk. Mr. Long votes no.  
22348 Mr. Bucshon.  
22349 Mr. Bucshon. No.  
22350 The Clerk. Mr. Bucshon votes no.  
22351 Mr. Flores.  
22352 Mr. Flores. No.  
22353 The Clerk. Mr. Flores votes no.  
22354 Mrs. Brooks.  
22355 Mrs. Brooks. No.

22356	The Clerk.	Mrs. Brooks votes no.
22357	Mr. Mullin.	
22358	<u>Mr. Mullin.</u>	No.
22359	The Clerk.	Mr. Mullin votes no.
22360	Mr. Hudson.	Mr. Hudson.
22361	<u>Mr. Hudson.</u>	No.
22362	The Clerk.	Mr. Hudson votes no.
22363	Mr. Collins.	
22364	<u>Mr. Collins.</u>	No.
22365	The Clerk.	Mr. Collins votes no.
22366	Mr. Cramer.	
22367	<u>Mr. Cramer.</u>	No.
22368	The Clerk.	Mr. Cramer votes no.
22369	Mr. Walberg.	
22370	[No response.]	
22371	The Clerk.	Mrs. Walters.
22372	<u>Mrs. Walters.</u>	No.
22373	The Clerk.	Mrs. Walters votes no.
22374	Mr. Costello.	
22375	[No response.]	
22376	The Clerk.	Mr. Carter.
22377	<u>Mr. Carter.</u>	No.
22378	The Clerk.	Mr. Carter votes no.

22379 Mr. Pallone.

22380 Mr. Pallone. Aye.

22381 The Clerk. Mr. Pallone votes aye.

22382 Mr. Rush.

22383 [No response.]

22384 The Clerk. Ms. Eshoo.

22385 Ms. Eshoo. Aye.

22386 The Clerk. Ms. Eshoo votes aye.

22387 Mr. Engel.

22388 Mr. Engel. Aye.

22389 The Clerk. Mr. Engel votes aye.

22390 Mr. Green.

22391 Mr. Green. Aye.

22392 The Clerk. Mr. Green votes aye.

22393 Ms. DeGette.

22394 Ms. DeGette. Aye.

22395 The Clerk. Ms. DeGette votes aye.

22396 Mr. Doyle.

22397 Mr. Doyle. Votes aye.

22398 The Clerk. Mr. Doyle votes aye.

22399 Ms. Schakowsky.

22400 Ms. Schakowsky. Aye.

22401 The Clerk. Ms. Schakowsky votes aye.

22402 Mr. Butterfield.

22403 Mr. Butterfield. Aye.

22404 The Clerk. Mr. Butterfield votes aye.

22405 Ms. Matsui.

22406 [No response.]

22407 The Clerk. Ms. Castor.

22408 Ms. Castor. Aye.

22409 The Clerk. Ms. Castor votes aye.

22410 Mr. Sarbanes.

22411 Mr. Sarbanes. Aye.

22412 The Clerk. Mr. Sarbanes votes aye.

22413 Mr. McNerney.

22414 [No response.]

22415 The Clerk. Mr. Welch.

22416 [No response.] The Clerk. Mr. Lujan.

22417 Mr. Lujan. Aye.

22418 The Clerk. Mr. Lujan votes aye.

22419 Mr. Tonko.

22420 Mr. Tonko. Aye.

22421 The Clerk. Mr. Tonko votes aye.

22422 Ms. Clarke.

22423 Ms. Clarke. Aye.

22424 The Clerk. Ms. Clarke votes aye.

22425 Mr. Loeb sack.

22426 Mr. Loeb sack. Aye.

22427 The Clerk. Mr. Loeb sack votes aye.

22428 Mr. Schrader.

22429 Mr. Schrader. Aye.

22430 The Clerk. Mr. Schrader votes aye.

22431 Mr. Kennedy.

22432 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

22433 Mr. Cardenas.

22434 Mr. Cardenas. Aye.

22435 The Clerk. Mr. Cardenas votes aye.

22436 Mr. Ruiz.

22437 Mr. Ruiz. Aye.

22438 The Clerk. Mr. Ruiz votes aye.

22439 Mr. Peters.

22440 Mr. Peters. Aye.

22441 The Clerk. Mr. Peters votes aye.

22442 Mrs. Dingell.

22443 Mrs. Dingell. Aye.

22444 The Clerk. Mrs. Dingell votes aye.

22445 Chairman Walden.

22446 The Chairman. Chair Walden votes no.

22447 The Clerk. Chairman Walden votes no.

22448 The Chairman. I know we have members coming back  
22449 because that was a shorter debate than some anticipated.  
22450 The gentleman from Texas.  
22451 Mr. Barton. Votes no.  
22452 The Clerk. Mr. Barton votes no.  
22453 The Chairman. Mr. Johnson.  
22454 Mr. Johnson. No.  
22455 The Clerk. Mr. Johnson votes no.  
22456 The Chairman. Dr. Murphy.  
22457 Mr. Murphy. Murphy votes no.  
22458 The Clerk. Mr. Murphy votes no.  
22459 The Chairman. Mr. Guthrie.  
22460 Mr. Guthrie. No.  
22461 The Clerk. Mr. Guthrie votes no.  
22462 The Chairman. Mr. Kinzinger.  
22463 Mr. Kinzinger. Kinzinger no.  
22464 The Clerk. Mr. Kinzinger votes no.  
22465 The Chairman. Mr. Bilirakis.  
22466 Mr. Bilirakis. No.  
22467 The Clerk. Mr. Bilirakis votes no.  
22468 The Chairman. Mr. Walberg.  
22469 Mr. Walberg. No.  
22470 The Clerk. Mr. Walberg votes no.

22471 The Chairman. Dr. Burgess.

22472 Mr. Burgess. Votes no.

22473 The Clerk. Dr. Burgess votes no.

22474 The Chairman. All right, we have got members over here.

22475 Ms. Matsui.

22476 Ms. Matsui. Aye.

22477 The Clerk. Ms. Matsui votes aye.

22478 The Chairman. Is Mr. Sarbanes recorded?

22479 The Clerk. Mr. Sarbanes is recorded as aye.

22480 The Chairman. Oh, he is. Okay.

22481 The Clerk. Mr. Welch is not recorded.

22482 Mr. Welch. Aye.

22483 The Clerk. Mr. Welch votes aye.

22484 Mr. McNerney. Aye.

22485 The Clerk. Mr. McNerney votes aye.

22486 The Chairman. Are there other members wishing to be

22487 recorded? If not, the clerk will report the result.

22488 The Clerk. Mr. Chairman, on that vote there were 23

22489 ayes and 28 noes.

22490 The Chairman. Twenty-three ayes, twenty-eight noes.

22491 The amendment is not adopted.

22492 Are other members seeking recognition to offer an

22493 amendment? If not, we go over to Mrs. Dingell.

22494 For what purpose do you seek recognition?

22495 Mrs. Dingell. I have an amendment at the desk, Mr.

22496 Chairman.

22497 [The Amendment offered by Mrs. Dingell follows:]

22498

22499 \*\*\*\*\*INSERT 35\*\*\*\*\*

22500 The Chairman. Could you describe that for the clerks?

22501 Mrs. Dingell. 136.

22502 The Chairman. One-three-six.

22503 The clerk will report the amendment.

22504 The Clerk. Amendment to the Amendment in the Nature of  
22505 a Substitute to Committee Print Offered by Mrs. Dingell.

22506 The Chairman. And the amendment will be considered as  
22507 read.

22508 The chair recognizes the gentlelady from Michigan to  
22509 speak under amendment.

22510 Mrs. Dingell. Thank you, Mr. Chairman. This amendment  
22511 simply states --

22512 The Chairman. Wait. I am going to have the gentlelady  
22513 suspend until we get order in the committees. Members, thank  
22514 you.

22515 The gentlelady may proceed.

22516 Mrs. Dingell. Thank you, then, Mr. Chairman.

22517 This amendment simply states that the rationing of  
22518 Medicaid, which my colleagues call a per capita cap, will not  
22519 take effect if they would negatively impact seniors' access  
22520 to long-term services and supports under Medicaid.

22521 And also we authorized several critical long-term care  
22522 provisions that were part of the ACA, including the Balancing

22523 Incentives Program and the Money Follows the Person Program.

22524 We all spent many hours of the night talking about what  
22525 the potential impact could be and we were reassured that we  
22526 were not going to hurt our seniors. So this amendment should  
22527 be common sense and it is essential. Medicaid is the largest  
22528 payer of long-term in this country, accounting for 42 percent  
22529 of all spending. And as our population continues to age, the  
22530 demand for long-term care is expected to double in the next  
22531 40 years. Among people 65 and over, it is estimated that 70  
22532 percent will need long-term care at some point. And people  
22533 who are older than 85 are four times more likely to need  
22534 those services than younger seniors. And those age 85 and  
22535 over are also likely to triple in that same next 40 years.

22536 And while all of that is happening, there is also a  
22537 decline in the informal caregiving. Families have gotten  
22538 smaller, people are living further way, and we are in the  
22539 sandwich generation.

22540 So we are worried and we just want to make sure our  
22541 seniors are okay. The truth is, we need to reform our entire  
22542 long-term care financing system, which is completely broken  
22543 and in need of a complete overhaul. That is why this  
22544 amendment also requires the Secretary to submit a report to  
22545 Congress analyzing possible option for developing a

22546 comprehensive long-term care financing system. But since  
22547 this will take time, we had better make sure we do no harm to  
22548 people currently receiving these services under Medicaid.

22549 And that is all this amendment is asking. Let's look  
22550 before we leap and let's make an informed decision so we  
22551 don't leave people out in the cold. I know what I am worried  
22552 about. I am worried that rationing care under Medicaid means  
22553 that States will have to do more with less, that home- and  
22554 community-based services will likely be one of the first  
22555 major program areas that would be cut, since it is an  
22556 optional services. States are going to have to ration care  
22557 somewhere, if the caps do not adequately keep up with  
22558 inflation and do not adequately account for aging population  
22559 and the increased services seniors will need as they age.

22560 So it should be no problem to adopt this amendment  
22561 because I know my colleagues on the other side of the aisle  
22562 share the goal of ensuring that not a single senior or person  
22563 with disabilities is negatively impacted by the rationing of  
22564 Medicaid. And I know none of us wants to go home to our  
22565 constituents telling them that we voted for something that  
22566 would mean the most vulnerable among us, seniors and the  
22567 disabled, could be without the services they need.

22568 So this amendment would simply be insurance for seniors

22569 that they will be able to afford the care they need as they  
22570 age.

22571 Thank you, Mr. Chairman, and I yield back the balance of  
22572 my time.

22573 The Chairman. The gentlelady yields back. I will  
22574 recognize --

22575 Mrs. Dingell. I will yield my time to --

22576 The Chairman. Oh, I am sorry. I thought you were  
22577 yielding back. Did you yield to somebody, Mrs. Dingell?

22578 Mrs. Dingell. The ranking member.

22579 The Chairman. Okay, Mr. Pallone. It is her time to  
22580 yield. He did not want it.

22581 Mrs. Dingell. Ms. Schakowsky. I yield to Ms.  
22582 Schakowsky.

22583 Ms. Schakowsky. I am going to go as fast as I can. I  
22584 wanted to strike the last word but I strongly support  
22585 Congresswoman Dingell's amendment.

22586 Accessible and affordable long-term care assistance has  
22587 long been an unresolved problem our in healthcare system and  
22588 has had devastating impacts, not just for patients but, as  
22589 she mentioned, also for families who often must assume  
22590 caregiving responsibilities when a loved one requires long-  
22591 term care.

22592           We need to improve the quality of our long-term care  
22593 facilities. We need to increase the access to community- and  
22594 home-based services. We need to drastically expand our  
22595 caregiving workforce and, most importantly, we need to have a  
22596 serious discussion about a universal social insurance for  
22597 long-term care, instead of a patchwork system that would  
22598 still allow people to fall through the cracks. I strongly  
22599 believe that we need to have a universal long-term care  
22600 system that works for everyone. The Republican repeal bill  
22601 takes us in the opposite direction.

22602           I urge my colleagues to support this amendment.

22603           The Chairman. The gentlelady's time has expired.

22604           The chair recognizes the gentleman from Illinois. No.  
22605 I am sorry. New York. New York, Mr. Collins.

22606           Mr. Collins. Thank you, Mr. Chairman. Let's see. I  
22607 think I was asleep. Sorry about that.

22608           You know when we were talking about per capita caps and  
22609 what we do know is if we don't do something to fix Medicaid,  
22610 it is going to bankrupt our country. And we have taken all  
22611 the steps we need to take to make sure that as our Governors  
22612 can make the decisions that they need to make, which is what  
22613 we are doing, we are transitioning to our Governors the  
22614 ability to design Medicaid programs that work for them. We

22615 are giving them the flexibility. And when we look at our  
22616 base year of 2016 and then say we are going to have cost  
22617 adjustments equal to the CPI medical, that is the  
22618 inflationary impact, as measured for medical, there is no  
22619 reason any State should worry about funding.

22620 And so when we hear the doom and the gloom, which we  
22621 hear all the time, the sky is not falling. And I think most  
22622 Governors would relish the ease versus what they have today,  
22623 trying to get a waiver, all that they have to go through now,  
22624 they can design plans that work.

22625 New York, which has the most ambitious Medicaid program  
22626 is going to continue. We are actually holding New York  
22627 harmless when it comes to the per capita caps. We spend 44  
22628 percent more money in New York than any other State in the  
22629 nation and, guess what? That becomes our base. We send taxi  
22630 cabs to people's houses to pick them to take them to their  
22631 Medicaid appointment. I don't know of any other State that  
22632 does that. If New York wants to continue that, they can do  
22633 that.

22634 So, we are giving Governors the choice to design plans  
22635 that work for them. They are being held harmless as to the  
22636 initial funding rates. They are going to grow at an  
22637 inflationary rate for the CPI medical.

22638 I don't know what anyone else could ask, other than what  
22639 we have today, which is Washington calling the shots and,  
22640 frankly, States like New York gaming the system. And in  
22641 gaming the system, passing so much of the cost down to our  
22642 counties, it is choking off our ability to fix our roads and  
22643 bridges.

22644 So this is very welcomed changes I know for those of us  
22645 in New York, who would say we have had enough of Albany  
22646 telling us what we are going to do at the county level.

22647 So for us, the per capita caps, the protecting New York  
22648 as it is, and hopefully our State Legislature and our  
22649 Governor in New York, with flexibility can improve the  
22650 program, make it more cost-effective for all of us in New  
22651 York.

22652 The Chairman. Would the gentleman yield to the  
22653 Chairman?

22654 Mr. Collins. Yes, I yield.

22655 The Chairman. Yes, because as I read through this  
22656 amendment, which is about 24 hours old now, it says the  
22657 provisions of Section 121 and the amendment made by such  
22658 section shall not take effect if such provisions or  
22659 amendments negatively impact seniors' access to long-terms  
22660 services and supports under the Medicaid program, et cetera,

22661 et cetera.

22662 It doesn't say who is going to make that determination,  
22663 which I think raises, should raise legitimate policy issues  
22664 because we don't know who makes this decision and that really  
22665 causes problems. It is pretty ambiguous in that respect.  
22666 And then everything waits for a study that takes place in a  
22667 year but this is, really, I think the ambiguous part of this  
22668 amendment because it never identifies who would make these  
22669 decisions.

22670 So with that, I yield back and will oppose the  
22671 amendment.

22672 Mr. Collins, do you yield back your time?

22673 Mr. Collins. Yes, I urge everyone to vote no and yield  
22674 back.

22675 The Chairman. Thank you.

22676 Now, I recognize my friend from New Jersey, Mr. Pallone.

22677 Mr. Pallone. Thank you, Mr. Chairman. Strike the last  
22678 word.

22679 The way I read this amendment, it simply says that it  
22680 should not take effect if such provisions or amendments  
22681 negatively impact seniors' access to long-term services and  
22682 supports under the Medicaid program.

22683 So I mean basically what it is saying is that we want a

22684 guarantee that the existing Medicaid program still provides  
22685 adequate long-term services. So, I don't really see a  
22686 problem with it.

22687 I support Congresswoman Dingell's amendment because I  
22688 think Medicaid plays such an important role in ensuring that  
22689 Americans get the long-term care services and supports that  
22690 they need.

22691 Now, contrary to private belief, private health  
22692 insurance and Medicare only cover very limited long-term  
22693 services and supports. Additionally, most Americans are  
22694 unable to afford to cover their long-term care needs out of  
22695 pocket. So most Americans rely on Medicaid to access these  
22696 services and Medicaid pays for more than 50 percent of all  
22697 long-term services and supports in America and we are  
22698 talking, primarily, nursing home care.

22699 And it is for that reason why I am concerned with the  
22700 Republican proposal to change Medicaid as we know it. Such  
22701 changes could restrict access to these important services and  
22702 leave seniors with nowhere to turn. And family caregivers  
22703 are already stretched to capacity in providing services to  
22704 their loved ones. In fact across the country, 17 percent of  
22705 working adults provide unpaid care for family members or  
22706 friends.

22707           With approximately 10,000 seniors turning 65 each day  
22708           and with projections that more than 70 percent of individuals  
22709           over the age of 65 will need long-term care, it is clear that  
22710           the burdens of long-term care will only increase. And so  
22711           that is why we have to protect the services provided by  
22712           Medicaid, as well as identify another reliable catastrophic  
22713           option to pay for long-term coverage.

22714           Mrs. Dingell and myself have talked a lot and we have  
22715           actually put together some proposals to provide for long-term  
22716           care without having to go through the spend-down provision  
22717           which we both abhor. And that is why, in addition to  
22718           ensuring the Republican plan does not harm seniors, this  
22719           amendment calls for a study on a comprehensive long-term  
22720           services and support financing system in this country.

22721           So this amendment would reauthorize critical programs  
22722           that incentivize states to provide more services in the home,  
22723           help change the balance to allow more seniors to access home-  
22724           and community-based services so they can age in the home.  
22725           And I urge my colleagues who feel that we must provide not  
22726           only long-term services in nursing homes that are good and  
22727           beneficial, but also home care alternatives. If you believe  
22728           in that, I think you should support this amendment and  
22729           support protecting the health and retirement security for

22730 seniors and their families.

22731 I will yield to the gentleman from Maryland.

22732 Mr. Sarbanes. And just very quickly, I thank the  
22733 gentleman for yielding.

22734 I want to support the amendment. Oftentimes when we  
22735 think of the services that are available and the benefits  
22736 that are available to our seniors, we think about the  
22737 Medicare program and, obviously, that is a fundamental  
22738 support but, as you just described, the Medicaid program is  
22739 absolutely critical in terms of skilled nursing care that is  
22740 offered to our seniors in nursing homes. There are millions  
22741 of families across the country who understand this because  
22742 they have a parent or two parents that are in a nursing home  
22743 and rely very heavily on Medicaid funding for the services  
22744 that are provided there. So we have to keep the program  
22745 strong and I want to commend Mrs. Dingell for emphasizing  
22746 that with her amendment.

22747 And anything that would imperil the Medicaid program or  
22748 begin to create a kind of domino effect of diminishing  
22749 resources that would negatively impact the services of  
22750 available to our seniors in nursing homes across the country  
22751 is something we should work hard to avoid.

22752 I yield back my time. Thank you.

22753 Mr. Pallone. Did you want the time, Mr. Engel?

22754 All right. Will you strike the last word, then?

22755 I yield back.

22756 The Chairman. The gentleman yields back the time. Are  
22757 there other members seeking recognition?

22758 The chair recognizes the gentleman from Texas, the  
22759 chairman of the Subcommittee on Health, Dr. Burgess, for 5  
22760 minutes.

22761 Mr. Burgess. Thank you, Mr. Chairman.

22762 I just thought it might be worthwhile to point out that  
22763 the transition toward per capita allotments will not impact  
22764 an individual's ability to access long-term care under  
22765 Medicaid. We have discussed the mechanism of per capita  
22766 allotment several times already but it is worth repeating.

22767 A State's total allowable allotment will be calculated  
22768 from the State's sum of enrollees across eligibility groups.  
22769 From here, a State's total allotment will grow on an annual  
22770 basis as the rate of CPI medical. CPI medical is an  
22771 important growth rate that has been factored into the bill  
22772 because it will help the program grow at a rate that will  
22773 cover the needs of those enrolled in the program.

22774 So what does this mean for long-term care?

22775 Beneficiaries will not see disruptions in care and will not

22776 lose access to benefits because of the flexibility of the  
22777 allotments. The allotments will not only grow at an  
22778 accommodating rate but they also offer additional flexibility  
22779 to the states by allowing states to address the needs of  
22780 their specific high-risk patients.

22781 Not every individual on Medicaid will consume services  
22782 on an annual basis that exceeds allotments for their  
22783 respective allotment. Because of this, States will have the  
22784 flexibility to utilize those unused dollars to address the  
22785 needs of high-risk beneficiaries who need extra care. The  
22786 per capita allotments in the bill are designed to accommodate  
22787 all beneficiaries.

22788 I do note that down towards the bottom of the first page  
22789 the amendment addresses a reauthorization for the Money  
22790 Follows the Person Program. The majority has been supportive  
22791 of this program in the past and we look forward to working  
22792 with you in a bipartisan manner when we get to regular order  
22793 bills. This is not the time to do this but, in general,  
22794 there would be a favorable disposition to that when we get to  
22795 regular order.

22796 And I will yield to or yield back my time.

22797 The Chairman. Is there anybody on the regular time that  
22798 wants to the time from Mr. Burgess?

22799           Seeing none.

22800           Mr. Burgess.    I yield back.

22801           The Chairman.   Are you yielding to Mrs. Dingell?

22802           Mr. Burgess.    Yes.

22803           The Chairman.   Oh, okay.

22804           Mrs. Dingell.   Oh, thank you and I will take you up on

22805           that because I think it is very serious and we need to do

22806           things like that.

22807                    I would like to read to you from a letter from the

22808           National Committee to Preserve Social Security and Medicare

22809           which says the House's bill per capital cap structure limits

22810           federal funding to State Medicaid programs to an arbitrary

22811           per beneficiary funding level. This will, ultimately, shift

22812           costs to States by eliminating the guarantee of additional

22813           federal funds if State costs increase because of the

22814           underlying healthcare costs, the demography, or complexity of

22815           care.

22816                    For example, as the baby boom generation nearly doubles

22817           the senior population, State Medicaid programs will be unable

22818           to keep up with the demands for long-term services and

22819           support.

22820                    Mr. Burgess.    Briefly reclaiming my time, would you

22821           clarify the agency that you just cited?

22822 Mrs. Dingell. Yes, it is the National Committee to  
22823 Preserve Social Security and Medicare.

22824 Mr. Burgess. Well, again, reclaiming my time, I would  
22825 just point out that this bill that we are doing today  
22826 actually does not impact the Medicare. The Medicaid is where  
22827 the per capita allotment is being considered. So this bill  
22828 would not impact Medicare.

22829 Mrs. Dingell. With all due respect for my colleague,  
22830 and I will tell you this is something -- I am lucky. I don't  
22831 need Medicaid. But when John Dingell 2 years ago, I quickly  
22832 learned what a bureaucratic mess Medicare is and that after  
22833 you have been sick for 90 days, I met person after person who  
22834 was in trouble, needed help, didn't know how to work the  
22835 system, and then they needed long-term care. They needed  
22836 skilled nursing and they had to go to Medicaid to help them.

22837 So over time to keep reading this, the States will be  
22838 forced to make up the funding themselves.

22839 Mr. Burgess. Reclaiming my time again, briefly.

22840 Mrs. Dingell. Yes.

22841 Mr. Burgess. I do not disagree that Medicaid can be  
22842 difficult from a bureaucratic standpoint and I think that the  
22843 majority has been focused on that to the degree that we have.

22844 And I will yield back my time at this point.

22845 The Chairman. The gentleman yields back his time.

22846 Others seeking recognition? The gentleman from New  
22847 York, Mr. Engel, is recognized to speak on the amendment for  
22848 5 minutes.

22849 Mr. Engel. Thank you, Mr. Chairman. I move to strike  
22850 the last word.

22851 I urge my colleagues to support this amendment. I have  
22852 already spoken about the problems that will be created by per  
22853 capita caps. By putting an arbitrary cap on Medicaid, my  
22854 Republican colleagues' bill is going to force States to make  
22855 draconian cuts. There is no way around it. Medicaid is an  
22856 administratively-lean program. There is simply no fat to  
22857 cut. The only possible way for states to deal with these  
22858 funding caps is to cap care. We don't want that, obviously.

22859 Medicaid is the primary payer for long-term care in this  
22860 country and the only real long-term care option for millions  
22861 of seniors. Medicaid also fills the gap for low-income  
22862 seniors enrolled in Medicare who do not have private  
22863 insurance to cover long-term services and supports, a service  
22864 that Medicare, remember, does not cover.

22865 So I can't see any reason why any member of this  
22866 committee shouldn't want to ensure this bill's draconian caps  
22867 don't harm seniors. So I urge my colleagues to support this

22868 amendment.

22869 Anybody want the rest of my time?

22870 Mrs. Dingell. Yes.

22871 Mr. Engel. Mrs. Dingell.

22872 Mrs. Dingell. Thank you, Mr. Engel.

22873 I would like to just finish reading some of the  
22874 observations here. States that have expanded their Medicaid  
22875 programs under the Affordable Care Act will be hit especially  
22876 hard by cuts to both its expansion and non-expansion  
22877 population. They also go on to observe that millions of  
22878 Medicare beneficiaries rely on Medicaid to help fill in  
22879 Medicare's coverage gaps. Medicare does not pay for most  
22880 long-term services and supports. Consequently, Americans who  
22881 work during their pre-retirement years often rely on Medicaid  
22882 for long-term services and supports when they exhaust their  
22883 savings.

22884 Nearly two-thirds of all nursing home residents' care is  
22885 financed in part by Medicaid. In addition, Medicaid provides  
22886 home- and community-based services that allow seniors to stay  
22887 in their homes.

22888 Now, they have calculated that Medicaid will be cut by  
22889 nearly \$369 billion and that States will have to make up that  
22890 lost funding or, more likely --

22891 The Chairman. The committee shall be in order.

22892 Mrs. Dingell. -- or more likely cut eligibility or  
22893 benefits, including long-term care coverage. And the way the  
22894 States are going to do it? Limit the number of individuals  
22895 it serves, scaling back nursing home quality, service --

22896 The Chairman. Will the gentlelady please suspend.

22897 Members, please. Thank you.

22898 Mrs. Dingell. Thank you, Mr. Chairman.

22899 The Chairman. The gentlelady may proceed.

22900 Mrs. Dingell. I know everybody is tired. We are now  
22901 past the 23 hour but this is important. This is impacting  
22902 seniors back home. We have a moral obligation to them.

22903 States may have to scale back nursing home quality,  
22904 service and safety protections, ask patients' spouses,  
22905 children, or other family members to cover the cost of  
22906 nursing home care, exhausting much or all of their savings.  
22907 And I cannot tell you how many families I meet every day that  
22908 are having to do this. And then to tighten the eligibility  
22909 criteria for home- and community-based services, resulting in  
22910 more individuals moving into nursing homes.

22911 It is already a mess. We are going to cut it more and  
22912 we have go more seniors, not less. We have got a crisis and  
22913 this is going to make it worse.

22914 Thank you.

22915 Mr. Engel. Reclaiming my time, I yield the rest of my  
22916 time to Mr. Pallone.

22917 Mr. Pallone. Mr. Chairman, I just want to correct  
22918 something that Chairman Burgess said. I heard him say, and  
22919 we already went through this earlier in the evening, that  
22920 this bill does not impact Medicare.

22921 Now, I guess if you want to narrowly focus on the piece  
22922 of the bill that is before this committee, but the larger  
22923 bill that the Republicans have put forth to repeal the  
22924 Affordable Care Act, and this part is probably in the Ways  
22925 and Means Committee, actually repeals the Medicare tax, if  
22926 you will, the payroll tax, if you will, that helps finance  
22927 and make the Medicare Trust Fund more solvent.

22928 So we have this payroll tax on the wealthiest Americans  
22929 which currently amounts to 0.9 increase for individual  
22930 workers with high incomes and that helps make the Medicare  
22931 Trust Fund more solvent over the long-term.

22932 You have repealed that and you are helping the wealthy  
22933 and that is going to hurt the Medicare Trust Fund and,  
22934 ultimately, programs under Medicare. So, this bill does  
22935 negatively impact Medicare and the Trust Fund. Indeed, it  
22936 does a lot of damage, in my opinion, to the Medicare Trust

22937 Fund and, ultimately, to Medicare programs.

22938 The Chairman. The gentleman's time has expired.

22939 The chair recognizes the gentleman from Texas, Mr.

22940 Barton.

22941 Mr. Barton. I would like seek recognition to strike the  
22942 last word.

22943 The Chairman. So recognized.

22944 Mr. Barton. I would like to yield to the subcommittee  
22945 chairman, Dr. Burgess.

22946 Mr. Burgess. Thank you, Mr. Chairman.

22947 The Medicare payroll tax was passed as a consequence of  
22948 the Affordable Care Act. It was broadly recognized that  
22949 money, while collected and going into the Medicare Trust  
22950 Fund, did not stay there to grow the Trust Fund. It was  
22951 immediately diverted to pay off, setoff other costs for the  
22952 subsidies in the exchanges.

22953 So perhaps if I could ask Counsel for some clarification  
22954 on the destination of the dollars that represent the 0.9  
22955 percent Medicare payroll tax that was passed as part of the  
22956 Affordable Care Act.

22957 Counsel. Those dollars were deposited in the Medicare  
22958 Part A Trust Fund and then -- which is not under our  
22959 jurisdiction.

22960 Mr. Burgess. Correct. That is under the jurisdiction  
22961 of the Ways and Means.

22962 Counsel. That is correct.

22963 Mr. Burgess. Has there been an accumulation of dollars  
22964 because of the 0.9 percent Medicare Trust Fund payroll tax  
22965 that was enacted under the Affordable Care Act?

22966 Counsel. That question is not before us in our title of  
22967 the bill.

22968 Mr. Burgess. Recalling the time in 2009 when the  
22969 Affordable Care Act was passed, it was, I think, broadly  
22970 recognized that those dollars would not accumulate in that,  
22971 and I recognize that Part A Trust Fund is not under our  
22972 jurisdiction, but that those dollars made a short stop in the  
22973 Trust Fund and, while there may be IOUs, as there will be in  
22974 other Trust Funds, the monetization of that debt is still  
22975 going to have a significant impact on the program.

22976 I thank the gentleman from Texas for yielding and I  
22977 yield back.

22978 Mr. Pallone. Could I ask the gentleman to yield just  
22979 for a minute on this issue?

22980 Mr. Barton. I will yield to the gentleman from New  
22981 Jersey.

22982 Mr. Pallone. Look, the bottom line is that these pay-

22983       fors for the Affordable Care Act, including this payroll tax,  
22984       helped, according to CBO, in reducing the debt and also in  
22985       expanding the solvency of the Medicare Trust Fund.

22986             You can talk about the IOUs. Of course, money is  
22987       borrowed from the Trust Funds all the time but the bottom  
22988       line is that overall the ACA actually reduced the debt and it  
22989       actually made the solvency of the Medicare Trust Fund further  
22990       out. In other words, it made for the trust fund to last  
22991       longer, essentially. And by taking this money out and  
22992       eliminating that pay-for, you jeopardize the trust fund and  
22993       you actually increase the debt. Now of course you are going  
22994       to say there is no CBO score. We will wait and see but it is  
22995       very likely that the CBO score will actually show that that  
22996       is the case and it may actually show that this overall bill  
22997       costs more money and puts us further into debt. And that is  
22998       a serious issue that impacts Medicare and impacts everything  
22999       we are talking about in the context of the ACA.

23000             Mr. Barton. I have to reclaim my time, Mr. Pallone.

23001             I want to yield to Mr. Guthrie for a different point of  
23002       view.

23003             Mr. Guthrie. I just want to correct what was said by a  
23004       couple of people just a minute ago.

23005             Per capita allotment is not an arbitrary number. I

23006 heard that twice. It is the federal money that goes to every  
23007 State allowed to grow by medical CPI. And so it is a Federal  
23008 program every State currently receives allowed to grow into  
23009 the future by medical CPI.

23010 Over 40 percent of the money is spent on long-term care.  
23011 Long-term care is expected to grow slower than medical CPI.  
23012 So you have got 42 percent of the people and their allotment,  
23013 which is a global allotment grow is going -- their use of the  
23014 money will be slower than medical CPI. So, therefore, it is  
23015 actually going to create more opportunities for people for  
23016 long-term or not have the pressure that I believe that other  
23017 people see is coming.

23018 So just remember, it is not an arbitrary number. It is  
23019 the current Medicaid program that grows at medical CPI.  
23020 Thank you and I yield back to my friend from Texas.

23021 Mr. Barton. And Dr. Burgess.

23022 Mr. Burgess. Thank you, Chairman, for yielding the  
23023 final seconds.

23024 I would also point out that with the passage of the SGR  
23025 repeal, we will have to look at every extender that used to  
23026 be, used to catch a ride on the doc fix as it was moving  
23027 through the floor of the House late every year. Those will  
23028 be things that come through regular order. There will be

23029 ample opportunities to work on those as we get into the  
23030 regular order part of our agenda after the FDA  
23031 reauthorization in July.

23032 So, thank you, Mr. Chairman. I will yield back.

23033 Mr. Barton. I yield back.

23034 The Chairman. The gentleman yields back.

23035 Other members seeking recognition? No other members  
23036 seeking recognition? All right.

23037 Mr. Pallone. Roll call.

23038 The Chairman. Then the question is before us on the  
23039 amendment. Those in favor -- and I will ask for a roll call.  
23040 Don't worry.

23041 Those in favor vote aye, those no. And the clerk will  
23042 call the roll.

23043 The Clerk. Mr. Barton.

23044 Mr. Barton. No.

23045 The Clerk. Mr. Barton votes no.

23046 Mr. Upton.

23047 Mr. Upton. No.

23048 The Clerk. Mr. Upton votes no.

23049 Mr. Shimkus.

23050 Mr. Shimkus. No.

23051 The Clerk. Mr. Shimkus votes no.

23052	Mr. Murphy.	
23053	[No response.]	
23054	The Clerk.	Mr. Burgess.
23055	<u>Mr. Burgess.</u>	No.
23056	The Clerk.	Mr. Burgess votes no.
23057	Mrs. Blackburn.	
23058	[No response.]	
23059	The Clerk.	Mr. Scalise.
23060	<u>Mr. Scalise.</u>	No.
23061	The Clerk.	Mr. Scalise votes no.
23062	Mr. Latta.	
23063	<u>Mr. Latta.</u>	No.
23064	The Clerk.	Mr. Latta votes no.
23065	Mrs. McMorris	Rodgers.
23066	<u>Mrs. McMorris</u>	<u>Rodgers.</u> No.
23067	The Clerk.	Mrs. McMorris Rodgers votes no.
23068	Mr. Harper.	
23069	<u>Mr. Harper.</u>	No.
23070	The Clerk.	Mr. Harper votes no.
23071	Mr. Lance.	
23072	<u>Mr. Lance.</u>	No.
23073	The Clerk.	Mr. Lance votes no.
23074	Mr. Guthrie.	

23075	<u>Mr. Guthrie.</u>	No.
23076	The Clerk.	Mr. Guthrie votes no.
23077	Mr. Olson.	
23078	<u>Mr. Olson.</u>	No.
23079	The Clerk.	Mr. Olson votes no.
23080	Mr. McKinley.	
23081	<u>Mr. McKinley.</u>	No.
23082	The Clerk.	Mr. McKinley votes no.
23083	Mr. Kinzinger.	
23084	<u>Mr. Kinzinger.</u>	No.
23085	The Clerk.	Mr. Kinzinger votes no.
23086	Mr. Griffith.	
23087	<u>Mr. Griffith.</u>	No.
23088	The Clerk.	Mr. Griffith votes no.
23089	Mr. Bilirakis.	
23090	<u>Mr. Bilirakis.</u>	No.
23091	The Clerk.	Mr. Bilirakis votes no.
23092	Mr. Johnson.	
23093	<u>Mr. Johnson.</u>	No.
23094	The Clerk.	Mr. Johnson votes no.
23095	Mr. Long.	
23096	<u>Mr. Long.</u>	No.
23097	The Clerk.	Mr. Long votes no.

23098	Mr. Bucshon	
23099	<u>Mr. Bucshon</u>	No.
23100	The Clerk.	Mr. Bucshon votes no.
23101	Mr. Flores.	
23102	<u>Mr. Flores.</u>	No.
23103	The Clerk.	Mr. Flores votes no.
23104	Mrs. Brooks	
23105	<u>Mrs. Brooks</u>	No.
23106	The Clerk.	Mrs. Brooks votes no.
23107	Mr. Mullin.	
23108	<u>Mr. Mullin.</u>	No.
23109	The Clerk.	Mr. Mullin votes no.
23110	Mr. Hudson.	
23111	<u>Mr. Hudson.</u>	No.
23112	The Clerk.	Mr. Hudson votes no.
23113	Mr. Collins	
23114	<u>Mr. Collins</u>	No.
23115	The Clerk.	Mr. Collins votes no.
23116	Mr. Cramer.	
23117	<u>Mr. Cramer.</u>	No.
23118	The Clerk.	Mr. Cramer votes no.
23119	Mr. Walberg	
23120	<u>Mr. Walberg</u>	No.

23121 The Clerk. Mr. Walberg votes no.  
23122 Mrs. Walters.  
23123 Mrs. Walters. No.  
23124 The Clerk. Mrs. Walters votes no.  
23125 Mr. Costello.  
23126 Mr. Costello. No.  
23127 The Clerk. Mr. Costello votes no.  
23128 Mr. Carter.  
23129 [No response.] The Clerk. Mr. Pallone.  
23130 Mr. Pallone. Aye.  
23131 The Clerk. Mr. Pallone votes aye.  
23132 Mr. Rush.  
23133 [No response.]  
23134 The Clerk. Ms. Eshoo.  
23135 Ms. Eshoo. Aye.  
23136 The Clerk. Ms. Eshoo votes aye.  
23137 Mr. Engel.  
23138 Mr. Engel. Aye.  
23139 The Clerk. Mr. Engel votes aye.  
23140 Mr. Green.  
23141 Mr. Green. Aye.  
23142 The Clerk. Mr. Green votes aye.  
23143 Ms. DeGette.

23144 Ms. DeGette. Aye.

23145 The Clerk. Ms. DeGette votes aye.

23146 Mr. Doyle.

23147 Mr. Doyle. Votes yes.

23148 The Clerk. Mr. Doyle votes aye.

23149 Ms. Schakowsky.

23150 [No response.]

23151 The Clerk. Mr. Butterfield.

23152 Mr. Butterfield. Aye.

23153 The Clerk. Mr. Butterfield votes aye.

23154 Ms. Matsui.

23155 Ms. Matsui. Aye.

23156 The Clerk. Ms. Matsui votes aye.

23157 Ms. Castor.

23158 Ms. Castor. Aye.

23159 The Clerk. Ms. Castor votes aye.

23160 Mr. Sarbanes.

23161 Mr. Sarbanes. Aye.

23162 The Clerk. Mr. Sarbanes votes aye.

23163 Mr. McNerney.

23164 [No response.]

23165 The Clerk. Mr. Welch.

23166 Mr. Welch. Yes.

23167 The Clerk. Mr. Welch votes aye.  
23168 Mr. Lujan.  
23169 Mr. Lujan. Aye.  
23170 The Clerk. Mr. Lujan votes aye.  
23171 Mr. Tonko.  
23172 Mr. Tonko. Aye.  
23173 The Clerk. Mr. Tonko votes aye.  
23174 Ms. Clarke.  
23175 Ms. Clarke. Aye.  
23176 The Clerk. Ms. Clarke votes aye.  
23177 Mr. Loeb sack.  
23178 Mr. Loeb sack. Aye.  
23179 The Clerk. Mr. Loeb sack votes aye.  
23180 Mr. Schrader.  
23181 Mr. Schrader. Aye.  
23182 The Clerk. Mr. Schrader votes aye.  
23183 Mr. Kennedy.  
23184 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.  
23185 Mr. Cardenas.  
23186 Mr. Cardenas. Aye.  
23187 The Clerk. Mr. Cardenas votes aye.  
23188 Mr. Ruiz.  
23189 Mr. Ruiz. Aye.

23190 The Clerk. Mr. Ruiz votes aye.

23191 Mr. Peters.

23192 Mr. Peters. Aye.

23193 The Clerk. Mr. Peters votes aye.

23194 Mrs. Dingell.

23195 Mrs. Dingell. Aye.

23196 The Clerk. Mrs. Dingell votes aye.

23197 Chairman Walden.

23198 The Chairman. Walden votes no.

23199 The Clerk. Chairman Walden votes no.

23200 The Chairman. Are there members wishing to be recorded?

23201 Mr. Murphy.

23202 Mr. Murphy. No.

23203 The Clerk. Mr. Murphy votes no.

23204 The Chairman. Mrs. Blackburn?

23205 Mrs. Blackburn. No.

23206 The Clerk. Mrs. Blackburn votes no.

23207 The Chairman. Mr. Carter?

23208 Mr. Carter. No.

23209 The Clerk. Mr. Carter votes no.

23210 The Chairman. Any other members over here? Are there

23211 any Democratic members?

23212 Yes, Mr. McMerney.

23213 Mr. McNerney. Votes aye.

23214 The Clerk. Mr. McNerney votes aye.

23215 The Chairman. Any other members? If not, the clerk  
23216 will report the roll.

23217 The Clerk. Mr. Chairman, on that vote, there were 22  
23218 ayes and 31 noes.

23219 The Chairman. Twenty-two ayes, thirty-one noes. The  
23220 amendment is not agreed to.

23221 Are there other amendments for consideration? I don't  
23222 know -- okay. Well, now Mr. Green.

23223 Mr. Lujan, the ranking member says you are next. I will  
23224 let you two take it up.

23225 Mr. Lujan. Mr. Chairman I have an amendment at the  
23226 desk. I believe it is numbered 131. It is titled Protecting  
23227 Veterans' Access to Care.

23228 [The Amendment offered by Mr. Lujan follows:]

23229

23230 \*\*\*\*\*INSERT 36\*\*\*\*\*

23231           The Chairman. All right, number 131. We will let our  
23232 able-bodied staff get the amendment and the clerk will report  
23233 the amendment.

23234           Mr. Barton. Reserving the right to make a point of  
23235 order.

23236           The Chairman. Reserving the right to object?

23237           Mr. Barton. To object, yes, sir.

23238           The Chairman. Thank you. The clerk will report the  
23239 amendment.

23240           The Clerk. Amendment to the Amendment in the Nature of  
23241 a Substitute to the Committee Print.

23242           The Chairman. The reading of the amendment is dispensed  
23243 with and the gentleman is recognized to speak on his  
23244 amendment for 5 minutes.

23245           Mr. Lujan. Thank you, Mr. Chairman. My amendment would  
23246 protect veterans by certifying that this Republican repeal  
23247 bill will not take effect if the uninsured rate of veterans  
23248 is projected to rise. Our nation's veterans and military  
23249 servicemen and women are the defenders of our freedom. We  
23250 made a commitment with these servicemembers when they swore  
23251 to put their lives on the line in defense of our nation.

23252           If those of us entrusted with the public trust have a  
23253 shred of decency, we must keep that promise. We must honor

23254 the sacrifices made by those who have served our country so  
23255 bravely. The Affordable Care Act and its Medicaid expansion  
23256 provisions extended coverage to half a million previously  
23257 uninsured veterans and many of their spouses.

23258 It is a common misconception that all of our veterans  
23259 receive their health care through the Department of Veteran  
23260 Affairs. In reality, priority is determined by service-  
23261 related disabilities, income, veteran discharge status, and  
23262 other factors. In addition, many low-income veterans  
23263 eligible for VA care may not have a VA facility near their  
23264 home or may not be aware that VA services are available to  
23265 them.

23266 Mr. Chairman, the committee is in order.

23267 The Chairman. You are correct. The gentleman will  
23268 suspend. We will get those doors closed.

23269 Mr. Lujan. If they could stop the clock as well, Mr.  
23270 Chairman.

23271 The Chairman. There. If we could get order in the  
23272 committee room. It is a little noisy out in the hallway.  
23273 They are coming in.

23274 Okay, I think the gentleman can proceed.

23275 Mr. Lujan. There are an estimated 1.3 million uninsured  
23276 veterans in the United States. The largest population of

23277 uninsured veterans is mainly from southern states, where  
23278 leaders decided to put partisanship over patriotism and chose  
23279 not to embrace Medicaid expansion as part of the ACA. There  
23280 are 120,000 uninsured veterans in Texas, 54,000 uninsured  
23281 veterans in North Carolina, and 36,000 in Virginia.  
23282 Uninsured veterans are more likely to be younger, African  
23283 American, and low-income and to have deployed to Iraq or  
23284 Afghanistan. And nearly half of uninsured veterans have  
23285 incomes below 138 percent of the poverty level.

23286 Spouses of veterans often are not eligible for VA care  
23287 and many also do not qualify for traditional Medicaid. These  
23288 veteran families, more often, report problems accessing care  
23289 compared with counterparts who have health insurance.

23290 Among the 645,000 uninsured spouses of veterans, more  
23291 than one-quarter could be eligible for coverage under  
23292 Medicaid if their state implemented the ACA's Medicaid  
23293 expansion.

23294 The Chairman. Would the gentleman suspend for a moment  
23295 until we get order in the committee? Thank you, you may  
23296 proceed.

23297 Mr. Lujan. Thank you, Mr. Chairman.

23298 In States that have not expanded Medicaid, the ACA's  
23299 insurance subsidies have helped veterans afford coverage

23300 through the marketplace. However, Medicaid plays a crucial  
23301 role in filling in gaps and coverage. In States that have  
23302 not expanded Medicaid, veterans with incomes between 100 and  
23303 138 percent of the federal poverty line could qualify for  
23304 subsidies to purchase insurance through their State's Health  
23305 Insurance Marketplace if they do not have access to  
23306 affordable employer-sponsored insurance.

23307 An estimated 66,000 veterans and 35,000 spouses with  
23308 incomes between 100 and 138 percent of the FPL live in non-  
23309 expansion States, making them potentially eligible for  
23310 marketplace subsidies.

23311 Researchers found that in States that have not expanded  
23312 Medicaid under the ACA, only 39 percent of uninsured veterans  
23313 will qualify for financial assistance for coverage in the  
23314 ACA's Marketplace but nearly four in ten will fall into the  
23315 assistance gap and would only qualify for Medicaid if their  
23316 State were to expand.

23317 In addition, two-thirds of veterans' spouses who could  
23318 be eligible for expanded Medicaid have incomes below 100  
23319 percent of FPL and, therefore, would only be eligible if  
23320 their State expands Medicaid. The ACA is already making  
23321 quality healthcare coverage more accessible for veterans and  
23322 their families.

23323           Between 2013 and 2015, the rate of non-elderly uninsured  
23324 veterans dropped by an estimated 42 percent, declining from  
23325 nearly 12 percent in 2013 to 8.5 in 2014 and further  
23326 decreasing to 6.8 in 2015, according to the National Health  
23327 Interview Survey. The uninsured rate for veteran family  
23328 members also declined.

23329           During the same time frame, veterans also experienced a  
23330 reduction in unmet health needs, suggesting that increased  
23331 insurance coverage led to improved access to care.

23332           Declines in veteran uninsured rates were larger in  
23333 Medicaid expansion States than in non-expansion States.  
23334 Medicaid and the ACA plays an essential role in closing  
23335 coverage gaps for America's veterans and their families. If  
23336 the ACA or its Medicaid expansion are repealed, veterans will  
23337 lose a source of coverage and many will become uninsured.

23338           If the Republican repeal bill were to become law,  
23339 millions of our nation's vets stand to lose their health  
23340 insurance. The choice for my Republican friends today is  
23341 simple and actions speak louder than words. If my Republican  
23342 colleagues were serious about protecting veterans, they will  
23343 vote for this amendment and if it is as I suspect, this whole  
23344 exercise is just one more round of partisan gamesmanship and  
23345 protecting the health and welfare of our nation's veterans is

23346 not important, then reject this amendment and vote for the  
23347 underlying bill, which does very little for veterans, does  
23348 nothing for veteran families and breaks those promises our  
23349 country gave to the brave men and women who gave up  
23350 everything to put the uniform on to defend our nation.

23351 I urge my colleagues to support this amendment.

23352 The Chairman. The gentleman's time has expired.

23353 The chair recognizes the gentleman from Oklahoma, Mr.  
23354 Mullin for 5 minutes to speak on the amendment.

23355 Mr. Mullin. You know I guess what have we been here 23  
23356 hours, 24 hours? And I will say that I have heard all kinds  
23357 of stuff coming over from the other side of the committee  
23358 room but this is one of the most disgusting ones that I have  
23359 heard.

23360 To think that we are going to throw out the veterans and  
23361 use it for gamesmanship -- you are saying we are using  
23362 something like this for gamesmanship and dare us to vote  
23363 against it when this committee has limited jurisdiction over  
23364 that anyways but we will happily have a discussion with you.  
23365 But if you actually wanted to have a discussion, you would  
23366 have gave it to us before we even got here, not since we have  
23367 been in the hearing.

23368 For my colleague from New Mexico to make that assumption

23369 literally goes all through me to think that I wouldn't want  
23370 to take care of my veterans.

23371 Let me ask you. Have you been shot at before? Then why  
23372 would you set here and make an assumption to think that we  
23373 wouldn't, I wouldn't be looking for our veteran's best  
23374 interests, when we know --

23375 Mr. Lujan. Will the gentleman yield?

23376 Mr. Mullin. No, I will not -- when we know -- when you  
23377 know that we have limited jurisdiction. If they are eligible  
23378 for Medicaid currently, they will still be eligible for  
23379 Medicaid. Our per capita makes sure of that. The  
23380 reimbursement that we give to the States will make sure of  
23381 that.

23382 You are going to sit there and shake your head and say  
23383 no but truthfully, at the end of the day --

23384 Mr. Lujan. Will the gentleman yield?

23385 Mr. Mullin. No.

23386 At the end of the day, you have been over there for last  
23387 24 hours and made accusation, after accusation, after  
23388 accusation and then act like that you are somebody that is  
23389 actually interested in bipartisan talk. Not on an issue this  
23390 important. Not an issue that is this important to me.

23391 No, absolutely not. If you are serious about it, then

23392 tell me what your legitimate concern is, not talking points  
23393 for you to go out there and put some statement to your  
23394 constituents.

23395 But I can assure that rests in my mind every single day  
23396 how we are going to take care of the population that  
23397 represents less than one percent of the American population  
23398 that protects 100 percent of our freedom each and every day  
23399 and gives us the opportunity to set here and either get along  
23400 or not get along. I can promise you I will do everything I  
23401 can to protect them because they protect us.

23402 I will yield the remainder of my time to --

23403 Mr. Lujan. Will the gentleman yield?

23404 Mr. Mullin. -- the gentleman from Illinois, Mr.  
23405 Shimkus.

23406 Mr. Shimkus. Thank you and thank you for highlighting  
23407 that we are the one percenters. We are the one percenters.  
23408 And so the veterans here, please raise your hand. I know we  
23409 have a couple here and we have a couple there that are  
23410 missing.

23411 Mr. Shimkus. And the chief of staff, years ago, said  
23412 you know the real threat to our country is the national debt.  
23413 The debt is the threat. So I have spent a lot of this time  
23414 talking about the mandatory spending programs, driving the

23415 debt that is \$19 trillion.

23416 But I would agree with my colleague from Oklahoma.

23417 There is a line that we should draw. There is a line that we  
23418 should draw in respecting our colleagues. And this amendment  
23419 placed by you, the chair of the DCCC is solely designed to  
23420 cast a vote to use in political coverage. And I take, as a  
23421 veteran, who has served not just 5 years' active duty --

23422 Mr. Lujan. Will the gentleman yield?

23423 Mr. Shimkus. No, I will not -- but 23 years as a  
23424 reservist. I, personally, take great offense.

23425 And I am embarrassed for you and I am embarrassed for  
23426 your side and I embarrassed for your party to make the  
23427 accusation that we do not care for our veterans and to use  
23428 this politically, I am just -- I knew after many hours we  
23429 would kind of devolve and we would lose that comity and we  
23430 would go for the jugular on things like this.

23431 So, I am sorry for getting angry. I just thought our  
23432 committee was better than this. And --

23433 Mr. Butterfield. Will the gentleman yield?

23434 Mr. Shimkus. No. Well, I will to my fellow veteran.

23435 Yes, I will.

23436 Mr. Butterfield. Thank you. Thank you, for yielding.

23437 You seem to be taking this argument to an illogical

23438 conclusion.

23439 Mr. Shimkus. Reclaiming my time.

23440 Mr. Butterfield. The amendment --

23441 Mr. Shimkus. Reclaiming my time. What the gentleman  
23442 from New Mexico was saying we do not care for our veterans  
23443 and we have talked for 23 hours --

23444 Mr. Butterfield. That is not what this amendment says.

23445 Mr. Burgess. [Presiding.] The gentleman from Illinois  
23446 controls the time. The gentleman from Illinois controls the  
23447 time.

23448 Mr. Shimkus. And I would just say the per capita  
23449 allotments protect Medicaid and that is what this debate is  
23450 about and that is what this amendment does.

23451 And I apologize. I am sorry that we now devolve for  
23452 political expediency.

23453 Mr. Burgess. The gentleman's time has expired. The  
23454 gentleman from Oklahoma yields back.

23455 Mr. Mullin. Yes, I do.

23456 Mr. Burgess. For what purpose does the gentlelady from  
23457 California seek recognition?

23458 Ms. Eshoo. Thank you, Mr. Chairman, to strike the last  
23459 word.

23460 Mr. Burgess. The gentlelady is recognized for 5

23461 minutes.

23462 Ms. Eshoo. Thank you very much. So, 24 hours and it is  
23463 showing -- and it is showing. I think we all need to take a  
23464 very deep breath. I think Mr. Shimkus has done the right  
23465 thing by apologizing for what he said.

23466 I am equally proud that this committee has had two of  
23467 its strongest members, one on the Republican side, the chair  
23468 of the Republican Congressional Campaign Committee, the other  
23469 on our side, Mr. Lujan.

23470 But we are talking about a healthcare bill and we all  
23471 worship at the altar of our veterans but I worship at the  
23472 altar of all of the American people as well. They are in  
23473 service to our country.

23474 And so the debate about health care and how this  
23475 legislation is going to affect them has been the debate for  
23476 24 hours. So, you know I mean it seems to me that I wish  
23477 there were more that felt a sense of rawness over what might  
23478 become of people with a per capita cap, at least in my view.

23479 So but let's just take a deep breath and be respectful  
23480 of one another. All right? Let's not leave this room with a  
23481 bitterness, a bitter cloud hanging over us. We are better  
23482 than that.

23483 And I would be happy to yield the rest of my time to Mr.

23484 Lujan.

23485 Mr. Lujan. Thank you, Ms. Eshoo.

23486 And I very much respect the words of my colleague Mr.  
23487 Mullins and Mr. Shimkus. I did not enlist and have the  
23488 courage to put on a uniform like millions of others, like my  
23489 grandfather who served in World War II and other family  
23490 members that served in Vietnam and other conflicts. I know  
23491 that but I am also a representative that also believes like  
23492 you that we should fight for our veterans, that we should  
23493 make sure that we hold to that commitment. That is all we  
23494 are trying to do.

23495 And if you look at this language, and Mr. Mullins, I  
23496 apologize that I didn't submit it respectfully earlier in the  
23497 day. You are absolutely correct, sir, but it was submitted 2  
23498 hours, at least 2 hours ago. It may have been longer. This  
23499 is not a long read but you are absolutely correct.

23500 But if you read the provision of this legislation, all  
23501 that it is saying is that it doesn't take affect if there is  
23502 -- that this results in reduced access and care for our  
23503 veterans. That is all that it says.

23504 And so, again, I apologize if I insulted my colleagues  
23505 who have served. That is not what this is about.

23506 Mr. Barton. Would the gentleman yield --

23507 Mr. Lujan. I will not, Mr. Barton, at this time. I  
23508 will in just a second, sir.

23509 But again, I respect the words of my colleagues here but  
23510 I certainly hope that none of us take away another's  
23511 responsibilities to stand up and fight for their veterans who  
23512 I clearly know that freedom is not free and the ultimate  
23513 price is often paid in many, many ways.

23514 Ms. Eshoo. Can I reclaim my time?

23515 Mr. Lujan. I would yield back to Ms. Eshoo.

23516 Ms. Eshoo. All right. I just would like to add  
23517 something else to this that I just thought of. For the last  
23518 24 hours, we have been going amendment by amendment and we  
23519 have spoken of, on both sides of the aisle, about particular  
23520 populations in our country.

23521 We have talked about women that are pregnant. We have  
23522 talked about the disabled. We have talked about the elderly.  
23523 We have talked about those that are in long-term care or may  
23524 need someday to go into long-term care. We have talked about  
23525 those that need mental health services. And, in this case,  
23526 veterans.

23527 So, I think that that is the community of America and  
23528 there are special needs in each one of those communities of  
23529 interest. For a whole variety of reasons, the health

23530 services that one group really needs another group needs  
23531 another type of service.

23532 So, I hope that we can keep that in mind and not --  
23533 let's stay on a very respectful plane.

23534 And with that, I will yield back my 9 seconds.

23535 Mr. Burgess. The gentlelady yields back. The chair  
23536 thanks the gentlelady.

23537 The chair recognizes the gentleman from Pennsylvania,  
23538 Mr. Murphy, going in seniority. For what purposes does the  
23539 gentleman from --

23540 Mr. Murphy. I would like to strike the last word and I  
23541 will also yield to my fellow military veterans here.

23542 Mr. Burgess. The gentleman is recognized for 5 minutes.

23543 Mr. Murphy. Thank you. And I want to associate myself  
23544 with the words of Colonel Shimkus, United States Army and  
23545 West Point graduate on this.

23546 A lot is being said and done here but in the end more is  
23547 being said than done in this committee. And I agree with him  
23548 that when things like this are put out, I do not believe it  
23549 is done in earnest to say hey, let's help veterans. That is  
23550 why we have a Veterans Administration. There are more  
23551 employees in the Veterans Administration than there are U.S.  
23552 Marines and can't get a job done. But the whole purpose of

23553 much of this, despite what people have said, hey let's work  
23554 together, there is problems with the Affordable Care Act, I  
23555 haven't seen an amendment to say here is how to fix it. It  
23556 is more like here is how to stick to the other side.

23557 And I also am offended to using veterans this way. I  
23558 didn't join until I was a member of Congress, without  
23559 fanfare, but did it because I felt, as a psychologist, the  
23560 Navy needed psychologists to help people with traumatic brain  
23561 injury and PTSD.

23562 And one of the things that people who are serving  
23563 appreciate is simply being quietly appreciated, to make sure  
23564 they have the services available. What they don't appreciate  
23565 is people using them for political purposes.

23566 And I know Mr. Shimkus apologized for some of the mood  
23567 he had but he didn't apologize, and he shouldn't, for what he  
23568 said because that is very important.

23569 And so I would like to yield now I guess -- or I will go  
23570 to Mr. Olson first and then got to Mr. Kinzinger.

23571 Thank you.

23572 Mr. Olson. I thank my friend from Pennsylvania. I want  
23573 my colleague from New Mexico to know you didn't just hurt  
23574 veterans. You hurt veteran's families.

23575 I deployed for 6 months twice in 3 years, flying P-3s

23576 out of Hawaii. The second time, I left my new bride at home  
23577 all alone. After 7 months of being married, I left for 6  
23578 long months. We could not call. No internet at that time,  
23579 1994. She was alone. She just moved there and I left her  
23580 for 7 months. While I was flying in the Persian Gulf, every  
23581 day I flew, Iran locked missiles on my plane. We had the  
23582 fire control radar tell us they were tracking us to shoot us  
23583 down like that.

23584 I came home safely. I was home for less than 2 weeks.  
23585 I thought I would be home for 3 months before I moved on.  
23586 They sent me to D.C. right before Christmas. My wife, who  
23587 hadn't seen me for 7 months had to move our family -- not our  
23588 family our furniture, what we had, all by herself all across  
23589 the Pacific, all across the country to Washington, D.C.

23590 Families make such sacrifices for their veterans, men  
23591 and women. And your comments today hurt just not me, hurt my  
23592 wife, every veteran, and every family member.

23593 We do this because we love our country, not because we  
23594 want the glory, some acclaim, or some healthcare benefits.  
23595 We love America so much we want to defend her.

23596 And my friend, I accept your apologies but, again, it  
23597 was very wrong what you said.

23598 And I would like to yield to Mr. Kinzinger, Air Force

23599 veteran.

23600 Mr. Kinzinger. Thank you and even though you are a Navy  
23601 guy, I am proud to follow you on this. Thank you.

23602 Mr. Olson. That hurt.

23603 Mr. Kinzinger. Look, I get it. I mean let's just be  
23604 honest with this. It is a messaging amendment and I think we  
23605 have all probably done something similar in a messaging  
23606 amendment, whether it is let's protect baby formula and then  
23607 if you vote against it you are against baby formula or  
23608 whatever that is.

23609 Look, I think being a veteran doesn't necessarily make  
23610 you right in every opinion. So nobody argues -- I mean there  
23611 is veterans on the other side of the aisle and on our side of  
23612 the aisle and I think both sides love veterans. I mean that  
23613 is just a fact. I think the Democrats love their veterans  
23614 and Republicans do. We respect the service.

23615 The only thing I would caution against and you know I am  
23616 not particularly angry about this, but I would just caution  
23617 against saying you know I think whenever you throw veterans  
23618 into something like this, it can be seen as using them as a  
23619 tool and look, these are folks that have sacrificed a whole  
23620 lot for the country, so not just in this case but in,  
23621 frankly, the next 19 months going forward until the election

23622 -- there may be legitimate veterans' issues that people can  
23623 use, if it is a VA bill or a DoD bill or something like that  
23624 but just on these like messaging things on bills like this, I  
23625 would just strongly discourage both sides of the aisle from  
23626 using this in the future.

23627 So with that, I will yield back to the originator, Mr.  
23628 Murphy.

23629 Mr. Murphy. Thank you and I would just suggest, for the  
23630 sake of comity and mood in this committee, I would request  
23631 the gentleman simply withdraw his amendment so that we don't  
23632 vote on that.

23633 I yield back.

23634 Ms. DeGette. Mr. Chairman.

23635 The Chairman. [Presiding.] Okay.

23636 Ms. DeGette. Mr. Chairman, point of order.

23637 The Chairman. Just a second. I was meeting with  
23638 Governor Scott. So I apologize for not being here. And --

23639 Ms. DeGette. I have a point of order.

23640 The Chairman. You know kids, I am gone for 5 minutes.

23641 And so whose time is it?

23642 Ms. DeGette. I have a point of order, Mr. Chairman.

23643 The Chairman. I believe it is Mr. Murphy's time, which  
23644 has now run out.

23645 Does the gentlelady seek a point of order?

23646 Ms. DeGette. Yes, sir.

23647 The Chairman. Okay. To the point of order.

23648 Ms. DeGette. Under Rule 17 of the House Rules, it is  
23649 against the rules to characterize a member's motives or  
23650 intentions. The last two speakers both questioned Mr.  
23651 Lujan's motives or intentions for bringing up this amendment.

23652 And I have got to say I would move to take their words  
23653 down but it has been now almost 24 hours. I don't think that  
23654 is a very good use of our time.

23655 The Chairman. Yes, thank you.

23656 Ms. DeGette. But I would caution the members of this  
23657 and I would ask them to please apologize to Mr. Lujan and to  
23658 keep their comments towards the substance of his amendment.

23659 The Chairman. Okay.

23660 Ms. DeGette. Both of the last two speakers said that he  
23661 was doing this for political reasons.

23662 The Chairman. All right, if I could respond to the  
23663 gentlelady's point of order. I appreciate -- if we can have  
23664 -- settle down.

23665 I didn't hear any of it. So, let me start with that. I  
23666 appreciate -- I know that. I appreciate that the fact that  
23667 we have been here now almost 24 hours so tempers are probably

23668 fraying a little and we are all a little tired. And so the  
23669 extent to which we could move on from here -- and I believe  
23670 Mr. Lujan is not asking for an apology, if I read your -- so  
23671 if he is okay with that, then we will try and all of us take  
23672 breath and then --

23673 Ms. DeGette. I will tell you if someone else on your  
23674 side does that, I will move to take their words down because  
23675 they are questioning his motives. I think you can argue with  
23676 the amendment just like you did all the other ones but I am  
23677 serious here.

23678 The Chairman. I know the seriousness of the member.  
23679 So, I appreciate that.

23680 So, I think we are on this side. Have you been  
23681 recognized Frank?

23682 All right, then I will go to the ranking member, Mr.  
23683 Pallone, and you are recognized for 5 minutes on the  
23684 amendment.

23685 Mr. Pallone. Thank you, Mr. Chairman. I would hope  
23686 that the gentleman would not withdraw his amendment because I  
23687 do think it is an important amendment and I certainly don't  
23688 question his motives.

23689 Look, the bottom line is, as we know, even though this  
23690 committee doesn't have jurisdiction over the VA or the VA

23691 hospitals, the fact of the matter is that there are many  
23692 veterans, because they are not service-connected, because the  
23693 VA clinic or hospital isn't close by, can't take advantage of  
23694 the VA Healthcare System. And so they take advantage of  
23695 Medicaid if they are eligible. They may go on the exchange  
23696 and buy insurance through the exchange.

23697 So all the things that we are discussing today with the  
23698 Affordable Care Act clearly apply to veterans, given the  
23699 circumstances, as well as their spouses. So I think it is  
23700 very important to have this amendment in order because we  
23701 want to make sure that veterans, like any other group, or any  
23702 other particular group are not impacted by changes that might  
23703 be made to the ACA that are detrimental to them or  
23704 detrimental to the larger population.

23705 You know I heard Mr. Murphy say that the Democrats  
23706 aren't talking about how to fix it. The fact of the matter  
23707 is, we think the ACA is working. We think it has actually  
23708 covered a tremendous amount of people, up to 95 percent of  
23709 the people, Americans, now have health insurance. We think  
23710 it has resulted in affordable premiums because of the  
23711 subsidies and the other provisions we have put into place.  
23712 We think it has provided better benefits and better health  
23713 care.

23714           We are not saying it should be fixed. You are the ones  
23715 with this legislation that are suggesting, and certainly the  
23716 President has suggested, that all kinds of wonderful things  
23717 are going to happen to improve the ACA because of your  
23718 legislation. And I think we have spent the last 24 hours  
23719 saying quite clearly that we don't agree. We think fewer  
23720 people are going to be insured. We think that premiums are  
23721 going to go up and insurance is going to become less  
23722 affordable. We think that benefits are going to be reduced.  
23723 We see all terrible things happening with the legislation  
23724 that you have put forward. So don't suggest to us that it is  
23725 our obligation to fix it. We feel that the Affordable Care  
23726 Act has done a good job.

23727           Now the problem here with regard to veterans is they are  
23728 subject to the same problems. If in fact their insurance  
23729 premiums go up because of the legislation before us, if in  
23730 fact they are not eligible for Medicaid expansion because of  
23731 the legislation that is before us, if they become uninsured  
23732 because of the legislation before us, Mr. Lujan is simply  
23733 saying we don't want them to be negatively impacted. I don't  
23734 know why that is any different than most of what we have been  
23735 saying for the last 24 hours, which is that we feel that this  
23736 legislation is going to be very destructive to a lot of

23737 Americans and veterans, hopefully not, but may be part of  
23738 that.

23739 So I think his amendment is very much in order. I would  
23740 hope he would pursue it and I would urge my colleagues to  
23741 support it.

23742 Mr. Barton. Would the gentleman yield for a question?

23743 Mr. Pallone. Yes.

23744 Mr. Barton. And I will either ask the ranking member or  
23745 the author.

23746 In his opening statement, the author of the amendment  
23747 said that potentially there were 66,000 veterans and 35,000  
23748 spouses that might be covered. Do you have any idea how many  
23749 actually would be impacted? Because, as Mr. Pallone pointed  
23750 out, you would have to be a veteran who was not employed  
23751 after he got out, who was not service-connected, and you are  
23752 not eligible for Medicare but you were low-income and so you  
23753 were eligible for Medicaid. Out of that potential pool, do  
23754 you have any data on how many people actually --

23755 Mr. Pallone. Well, I do have this information with  
23756 regard to the non-expansion states which would, of course,  
23757 include Texas. In the non-expansion states, there are 66,000  
23758 veterans and 35,000 spouses with incomes between 100 and 138  
23759 percent of the federal poverty line who qualify for subsidies

23760 to purchase insurance through the marketplace if they don't  
23761 have access to affordable employer-sponsored insurance.

23762 Mr. Barton. But again, that is a different data set  
23763 than the author --

23764 Mr. Pallone. Well look, I mean you guys don't even have  
23765 a CBO score here. We have been asking for 24 hours if we  
23766 should even proceed because you don't have a CBO score. And  
23767 as a result, the CBO hasn't indicated to what extent --

23768 Mr. Barton. What is the source of the data that you did  
23769 use?

23770 Mr. Pallone. The source of the data that I gave you is  
23771 the -- let's see -- it looks like it is a document by  
23772 Jennifer Haley and Genevieve Kennedy called Uninsured  
23773 Veterans and Family Members State and National Estimates of  
23774 Expanded Medicaid.

23775 Mr. Barton. And who might those stellar individuals be?

23776 Mr. Pallone. Well, again, I am not -- all Mr. Lujan is  
23777 saying is veterans may be impacted. And we have been saying  
23778 for the last 24 hours that a lot of people may be impacted.  
23779 We are very concerned about what you are doing here for  
23780 veterans, for seniors, for children. There is nothing new  
23781 here about what we are saying.

23782 And I know you think you are doing a great thing but you

23783 are not. So, that is the point.

23784 The Chairman. Pardon me. The gentleman's time has  
23785 expired.

23786 Are there other members seeking recognition on this  
23787 amendment?

23788 Mr. Butterfield, you are recognized to strike the last  
23789 word on the amendment.

23790 Mr. Butterfield. Thank you, Mr. Chairman. I won't take  
23791 the full 5 minutes but let me just say I thank you, Mr.  
23792 Kinzinger, for your remarks a few moments ago. There is not  
23793 a single member of this committee who does not support our  
23794 veterans. We have millions of veterans in this country and  
23795 all of us collectively support them.

23796 The sad part about it is that in the non-expansion  
23797 States, such as North Carolina where I live, and Mr. Barton's  
23798 State of Texas, these States have failed to expand the  
23799 Medicaid program. And that means that a lot of our veterans  
23800 who have fought for our great country have been left on the  
23801 sidelines and not been able to get health insurance in these  
23802 expansion States.

23803 And Mr. Pallone is absolutely correct. In the non-  
23804 expansion States, there are 66,000 veterans, 35,000 spouses  
23805 with incomes between 138 percent of the federal poverty line

23806 who qualify for subsidies to purchase insurance through the  
23807 marketplace if they don't have access to employer-sponsored  
23808 insurance.

23809 Let me give you another statistic. Nearly four in ten  
23810 uninsured veterans will fall into the coverage gap and would  
23811 only qualify for Medicaid if their State were to expand.

23812 Another statistic, two-thirds of our veterans' spouses  
23813 have incomes of below 100 percent of the federal poverty  
23814 line. Therefore, they are only eligible if their State  
23815 expands Medicaid.

23816 So colleagues, here if we are really concerned about our  
23817 veterans, let's join together in a bipartisan way to try to  
23818 expand Medicaid in all of the States so that our veterans can  
23819 benefit from this coverage.

23820 Thank you. I yield back.

23821 The Chairman. The gentleman yields back.

23822 Are there other members seeking recognition? Seeing  
23823 none, the clerk will call the roll on -- I am sorry.

23824 Who is seeking recognition? Mr. Green? Has Mr. Green  
23825 already spoken? He has not.

23826 Mr. Green. I move to strike the last word.

23827 The Chairman. The gentleman is recognized for 5  
23828 minutes. He yields to Mr. Lujan.

23829 Mr. Lujan. Chairman, thank you very much. Thank you,  
23830 Mr. Green.

23831 Look, I know that when I go home, I will be able to look  
23832 the veterans I represent in the eye and just tell them I used  
23833 every tool that I could as well on the committees of  
23834 jurisdiction that I represent in communities like Gallup, New  
23835 Mexico, Taos, and Raton.

23836 And Mr. Chairman, I very respectfully take heart to what  
23837 Dr. Murphy said with asking me to withdraw that amendment  
23838 but, if I did that, I couldn't go home and face my veterans  
23839 in the eye.

23840 And so with that, I just wanted to make sure I explained  
23841 that to you all as well.

23842 Mr. Shimkus. Would the gentleman yield for 1 second? I  
23843 would just say veterans don't like to be used. And I yield  
23844 back. I am just -- he allowed me the time. I am not  
23845 screaming. I am just saying.

23846 The Chairman. Whoa, whoa, whoa.

23847 Mr. Green. I yield back my time.

23848 The Chairman. The gentleman has yielded back his time.

23849 Mr. Bucshon. Mr. Chairman?

23850 The Chairman. All right, if you really need to.

23851 Mr. Bucshon. I just wanted to --

23852           The Chairman. Wait a minute. We will recognize you in  
23853 regular order. The gentlemen seeks 5 minutes to strike the  
23854 last word and speak on the amendment.

23855           Mr. Bucshon. Mr. Chairman, I would just like to yield  
23856 to Mr. Shimkus, if he would like the time.

23857           Mr. Shimkus. No, I am done.

23858           Mr. Bucshon. Okay, I yield back.

23859           The Chairman. The gentleman yields back.

23860           The ranking member has asked for a roll call. The clerk  
23861 will call the roll. Those in favor of the amendment will  
23862 vote aye; those opposed, no. The clerk will call the roll.

23863           The Clerk. Mr. Barton.

23864           Mr. Barton. No.

23865           The Clerk. Mr. Barton votes no.

23866           Mr. Upton.

23867           Mr. Upton. No.

23868           The Clerk. Mr. Upton votes no.

23869           Mr. Shimkus.

23870           Mr. Shimkus. No.

23871           The Clerk. Mr. Shimkus votes no.

23872           Mr. Murphy.

23873           Mr. Murphy. No.

23874           The Clerk. Mr. Murphy votes no.

23875 Mr. Burgess.

23876 Mr. Burgess. No.

23877 The Clerk. Mr. Burgess votes no.

23878 Mrs. Blackburn.

23879 Mrs. Blackburn. No.

23880 The Clerk. Mrs. Blackburn votes no.

23881 Mr. Scalise.

23882 [No response.]

23883 The Clerk. Mr. Latta.

23884 Mr. Latta. No.

23885 The Clerk. Mr. Latta votes no.

23886 Mrs. McMorris Rodgers.

23887 [No response.]

23888 The Clerk. Mr. Harper.

23889 Mr. Harper. No.

23890 The Clerk. Mr. Harper votes no.

23891 Mr. Lance.

23892 Mr. Lance. No.

23893 The Clerk. Mr. Lance votes no.

23894 Mr. Guthrie.

23895 Mr. Guthrie. No.

23896 The Clerk. Mr. Guthrie votes no.

23897 Mr. Olson.

23898	<u>Mr. Olson.</u>	No.
23899	The Clerk.	Mr. Olson votes no.
23900	Mr. McKinley.	
23901	<u>Mr. McKinley.</u>	No.
23902	The Clerk.	Mr. McKinley votes no.
23903	Mr. Kinzinger.	
23904	<u>Mr. Kinzinger.</u>	No.
23905	The Clerk.	Mr. Kinzinger votes no.
23906	Mr. Griffith.	
23907	<u>Mr. Griffith.</u>	No.
23908	The Clerk.	Mr. Griffith votes no.
23909	Mr. Bilirakis.	
23910	<u>Mr. Bilirakis.</u>	No.
23911	The Clerk.	Mr. Bilirakis votes no.
23912	Mr. Johnson.	
23913	<u>Mr. Johnson.</u>	No.
23914	The Clerk.	Mr. Johnson votes no.
23915	Mr. Long.	
23916	<u>Mr. Long.</u>	No.
23917	The Clerk.	Mr. Long votes no.
23918	Mr. Bucshon.	
23919	<u>Mr. Bucshon.</u>	No.
23920	The Clerk.	Mr. Bucshon votes no.

23921	Mr. Flores.	
23922	<u>Mr. Flores.</u>	No.
23923	The Clerk.	Mr. Flores votes no.
23924	Mrs. Brooks.	
23925	<u>Mrs. Brooks.</u>	No.
23926	The Clerk.	Mrs. Brooks votes no.
23927	Mr. Mullin.	
23928	<u>Mr. Mullin.</u>	No.
23929	The Clerk.	Mr. Mullin votes no.
23930	Mr. Hudson.	
23931	<u>Mr. Hudson.</u>	No.
23932	The Clerk.	Mr. Hudson votes no.
23933	Mr. Collins.	
23934	<u>Mr. Collins.</u>	No.
23935	The Clerk.	Mr. Collins votes no.
23936	Mr. Cramer.	
23937	<u>Mr. Cramer.</u>	No.
23938	The Clerk.	Mr. Cramer votes no.
23939	Mr. Walberg.	
23940	<u>Mr. Walberg.</u>	No.
23941	The Clerk.	Mr. Walberg votes no.
23942	Mrs. Walters.	
23943	<u>Mrs. Walters.</u>	No.

23944 The Clerk. Mrs. Walters votes no.  
23945 Mr. Costello.  
23946 Mr. Costello. No.  
23947 The Clerk. Mr. Costello votes no.  
23948 Mr. Carter.  
23949 Mr. Carter. No.  
23950 The Clerk. Mr. Carter votes no.  
23951 Mr. Pallone.  
23952 Mr. Pallone. Votes aye.  
23953 The Clerk. Mr. Pallone votes aye.  
23954 Mr. Rush.  
23955 [No response.]  
23956 The Clerk. Ms. Eshoo.  
23957 Ms. Eshoo. Aye.  
23958 The Clerk. Ms. Eshoo votes aye.  
23959 Mr. Engel.  
23960 [No response.]  
23961 The Clerk. Mr. Green.  
23962 Mr. Green. Aye.  
23963 The Clerk. Mr. Green votes aye.  
23964 Ms. DeGette.  
23965 Ms. DeGette. Aye.  
23966 The Clerk. Ms. DeGette votes aye.

23967 Mr. Doyle.

23968 Mr. Doyle. Yes.

23969 The Clerk. Mr. Doyle votes aye.

23970 Ms. Schakowsky.

23971 Ms. Schakowsky. Aye.

23972 The Clerk. Ms. Schakowsky votes aye.

23973 Mr. Butterfield.

23974 Mr. Butterfield. Aye.

23975 The Clerk. Mr. Butterfield votes aye.

23976 Ms. Matsui.

23977 Ms. Matsui. Aye.

23978 The Clerk. Ms. Matsui votes aye.

23979 Ms. Castor.

23980 Ms. Castor. Aye.

23981 The Clerk. Ms. Castor votes aye.

23982 Mr. Sarbanes.

23983 Mr. Sarbanes. Aye.

23984 The Clerk. Mr. Sarbanes votes aye.

23985 Mr. McNerney.

23986 [No response.]

23987 The Clerk. Mr. Welch.

23988 Mr. Welch. Aye.

23989 The Clerk. Mr. Welch votes aye.

23990 Mr. Lujan.  
23991 Mr. Lujan. Aye.  
23992 The Clerk. Mr. Lujan votes aye.  
23993 Mr. Tonko.  
23994 Mr. Tonko. Aye.  
23995 The Clerk. Mr. Tonko votes aye.  
23996 Ms. Clarke.  
23997 Ms. Clarke. Aye.  
23998 The Clerk. Ms. Clarke votes aye.  
23999 Mr. Loeb sack.  
24000 Mr. Loeb sack. Aye.  
24001 The Clerk. Mr. Loeb sack votes aye.  
24002 Mr. Schrader.  
24003 Mr. Schrader. Aye.  
24004 The Clerk. Mr. Schrader votes aye.  
24005 Mr. Kennedy.  
24006 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.  
24007 Mr. Cardenas.  
24008 Mr. Cardenas. Aye.  
24009 The Clerk. Mr. Cardenas votes aye.  
24010 Mr. Ruiz.  
24011 Mr. Ruiz. Aye.  
24012 The Clerk. Mr. Ruiz votes aye.

24013 Mr. Peters.

24014 Mr. Peters. Aye.

24015 The Clerk. Mr. Peters votes aye.

24016 Mrs. Dingell.

24017 Mrs. Dingell. Aye.

24018 The Clerk. Mrs. Dingell votes aye.

24019 Chairman Walden.

24020 The Chairman. Walden votes no.

24021 Are there members who are not recorded who wish to be

24022 recorded?

24023 The Clerk. Mr. McNerney.

24024 Mr. McNerney. Aye.

24025 The Clerk. Mr. McNerney votes aye.

24026 The Chairman. Are there any other members while we are

24027 waiting for -- is Mr. Engel on his way?

24028 Mr. Welch are you recorded?

24029 Mr. Welch. I am.

24030 The Chairman. Okay.

24031 Mr. Welch. Aye.

24032 The Clerk. Mr. Welch is recorded.

24033 The Chairman. Mr. Engel.

24034 Mr. Engel. Votes aye.

24035 The Chairman. Perfect.

24036 Mr. Engel. Thank you.

24037 The Clerk. Mr. Engel votes aye.

24038 The Chairman. Mr. Engel votes aye.

24039 Okay, now, the clerk will report the tally.

24040 The Clerk. Mr. Chairman, on that vote, there were 23

24041 ayes and 29 noes.

24042 The Chairman. Twenty-three to twenty-nine. The

24043 amendment is not adopted.

24044 Are there further amendments for consideration?

24045 The gentleman from Texas seeks recognition for what

24046 purpose?

24047 Mr. Green. Strike the last word. I have an amendment

24048 at the desk, number 128.

24049 [The Amendment offered by Mr. Green follows:]

24050

24051 \*\*\*\*\*COMMITTEE INSERT 37\*\*\*\*\*

24052 The Chairman. Number one-two-eight. We will let our  
24053 clerks find the amendment so we are all on the same page.

24054 The clerk will report the amendment.

24055 The Clerk. Amendment to the Amendment in the Nature of  
24056 a Substitute to the Committee Print.

24057 The Chairman. Reading of the amendment is dispensed  
24058 with and the chair recognizes his friend from Texas to speak  
24059 on his amendment for 5 minutes.

24060 Mr. Green. Thank you, Mr. Chairman and members.

24061 This amendment, and I have heard for the last 24 hours  
24062 flexibility, I am asking for some flexibility. The House  
24063 plan would effectively end the Affordable Care Act's Medicaid  
24064 expansion. The ACA offered States the opportunity to expand  
24065 Medicaid coverage to low-income adults with incomes up to 138  
24066 percent the federal poverty level.

24067 Currently 31 States and the District of Columbia have  
24068 expanded their Medicaid programs. Unfortunately, a number of  
24069 States, including my home Texas, has not and therefore,  
24070 almost 50,000 of my constituents who would otherwise have  
24071 Medicaid remain uninsured.

24072 For States that took up the option, the Federal  
24073 Government has covered 100 percent of the cost of the first 3  
24074 years and, under current law, would cover 90 percent of the

24075 cost on a permanent basis. The House plan would end Medicaid  
24076 expansion in 2020. This would mean that 11 million Americans  
24077 who gained access through Medicaid thanks to the ACA, would  
24078 lose it.

24079 This amendment would strike the provision to end the  
24080 Medicaid expansion and replace it with a bill I introduced  
24081 last Congress. The legislation would allow States that have  
24082 yet to expand Medicaid get their full 3 years of 100 percent  
24083 federal match. So the States that didn't join, Texas,  
24084 Florida, North Carolina would have a chance to do that.

24085 And Mr. Chairman, I would be glad to yield to my  
24086 colleague from North Carolina.

24087 Mr. Butterfield. Thank you very much, Mr. Green, and  
24088 thank you for offering this amendment because it is very  
24089 appropriate and it is very timely.

24090 Under this new legislation, colleagues, we must ensure  
24091 that States are able to continue to expand their Medicaid  
24092 program and to enable States to receive the full amount, not  
24093 a partial amount, but a full amount of federal funding for  
24094 the expansion that we passed 7 years ago. Under this harmful  
24095 bill, Medicaid expansion would be curbed and new States could  
24096 no longer expand after the year 2020.

24097 My constituents overwhelmingly supported North Carolina

24098 Governor Roy Cooper, who has been a strong advocate to expand  
24099 Medicaid. I represent one of the poorest districts in the  
24100 country, where nearly one in four people live in poverty. My  
24101 constituents would greatly benefit from Medicaid expansion;  
24102 650,000 North Carolinians stand to gain coverage through  
24103 Medicaid expansion if it happens. Representative Green's  
24104 amendment would preserve Medicaid expansion and provide full  
24105 funding stipulated in the ACA for new States that choose to  
24106 expand. North Carolinians already contribute to this funding  
24107 through their taxes and they deserve to be able to have  
24108 health coverage under Medicaid. And that goes for the State  
24109 of Texas and the other States as well.

24110 This amendment would enable my Governor and other  
24111 Governors of my constituents to continue to pursue Medicaid  
24112 expansion. Thank you, Mr. Green, for your very timely  
24113 amendment. I support it. I ask my colleagues to vote aye.

24114 I yield back.

24115 The Chairman. The gentleman yields back.

24116 Mr. Butterfield. I yield back to you, sir.

24117 The Chairman. Oh, I am sorry.

24118 Mr. Green. To continue on my time, Mr. Chairman, these  
24119 States that didn't do it may not do it but we will give the  
24120 Governors and the State Legislatures, and in Texas they are

24121 in session right now, to see if they want to cover these  
24122 folks, like the other 31 jurisdictions did. And that is all  
24123 we are asking the flexibility for these States who didn't  
24124 make that decision, give them some time so maybe they can do  
24125 it and realize that like in my case, almost 50,000 of my  
24126 constituents in urban Houston were to get Medicaid if it was  
24127 expanded.

24128 With that, I will be glad to yield back my time and ask  
24129 for a yes vote on the amendment.

24130 The Chairman. The gentleman yields back his time.

24131 The chair recognizes another gentleman from Texas, the  
24132 chair of the Subcommittee on Health, Dr. Burgess, for 5  
24133 minutes.

24134 Mr. Burgess. I thank the chairman for yielding.

24135 Mr. Chairman, the balance that the subcommittee is -- or  
24136 the full committee is striking between expansion and non-  
24137 expansion States actually gives both expansion and non-  
24138 expansion States the tools that they need to manage their  
24139 healthcare markets.

24140 For expansion States, the current proposal would  
24141 grandfather all Medicaid enrollees enrolled in the expansion  
24142 population as of December 31, 2019. Those people would stay  
24143 in the program. After that date, expansion States could

24144 continue to keep the Enhanced FMAP under current law for  
24145 those grandfathered expansion enrollees, as long as these  
24146 individuals remain on the program. This is a significant  
24147 improvement for non-expansion States from the reconciliation  
24148 bill that was passed in December of 2015.

24149 If a State keeps an expansion program beyond January 1,  
24150 2020, the State will receive the State's regular federal  
24151 matching rate for any new expansion enrollee who is  
24152 determined eligible and enrolled in the program on or after  
24153 the date. This strategy is both fiscally responsible and  
24154 fair, ensuring that the proposal does not suddenly  
24155 discontinue anyone while also ending the Obamacare expansion  
24156 that unfairly prioritizes able-bodied working adults over the  
24157 most vulnerable.

24158 When the ACA passed in 2010, current law, the ACA passed  
24159 in 2010 and it repeals payments for Disproportionate Share  
24160 Hospitals because, of course, everyone at the time felt that  
24161 Medicaid expansion would meet the needs of every hospital but  
24162 we know that the Medicaid expansion was deemed to be  
24163 unconstitutional.

24164 So in comparison, we line up the restoration of the  
24165 Disproportionate Share cuts for expansion States at the same  
24166 time that the grandfathering policy begins, January 1st of

24167 2020, ensuring we have parity between expansion and non-  
24168 expansion States. Also expansion States, just like non-  
24169 expansion States will be given the State's Patient and State  
24170 Flexibility Fund in calendar year 2018. Before the  
24171 Affordable Care Act, State-specific high-risk pools were  
24172 program-specific, limiting the flexibility of innovative  
24173 local officials to meet the unique needs of diverse  
24174 communities. This new fund will help repair State markets  
24175 damaged by the Affordable Care Act and generally favors non-  
24176 expansion States.

24177         Again under current law, in non-expansion States, the  
24178 Disproportionate Share funds are scheduled to be reduced on  
24179 October 1st of this year, of 2017. In non-expansion States,  
24180 there will be a restoration of those Disproportionate Share  
24181 funds so that that cut will not occur in States that did not  
24182 expand Medicaid.

24183         And for all we talk about helping patients, I haven't  
24184 really heard an articulation of why the other side thinks it  
24185 is fair for the Federal Government to pay 90 percent for the  
24186 cost of care for low-income able-bodied adults above the  
24187 federal poverty line, while paying a fraction of that for  
24188 traditional Medicaid populations.

24189         The Medicaid expansion, thus, is inherently unfair,

24190 prioritizing able-bodied adults over those for whom Medicaid  
24191 was designed in the first place. The base bill would right  
24192 that disparity by allowing States to maintain a Medicaid  
24193 Program for low-income adults but to do so in a more  
24194 responsible and equitable manner.

24195 I would be happy to yield to anyone else on the majority  
24196 side. If not, I can yield back the balance of my time.

24197 The Chairman. The gentleman yields back the balance of  
24198 his time.

24199 The chair recognizes the ranking member of the full  
24200 committee, Mr. Pallone, for 5 minutes to strike the last  
24201 word.

24202 Mr. Pallone. Thank you, Mr. Chairman.

24203 The Medicaid expansion has been an overwhelming success,  
24204 providing health insurance to more than 14 million  
24205 individuals in 31 States and the District of Columbia who,  
24206 otherwise, could not have afforded coverage and would have  
24207 remained uninsured. And those individuals who have enrolled  
24208 as a result of Medicaid expansion have been overwhelmingly  
24209 satisfied with their coverage with 86 percent of new Medicaid  
24210 enrollees optimistic about their new health insurance ability  
24211 to help them access the care that they need.

24212 And expansion has also been a benefit to our healthcare

24213 system in general, leading to a \$1,000 per person reduction  
24214 in medical debt and reducing the uncompensated care burden  
24215 for hospitals by \$10 billion.

24216 Now contrary to the statements from my colleagues on the  
24217 other side of the aisle, rolling back Medicaid expansion  
24218 would do great harm to patients, hospitals, and State  
24219 budgets. Evidence has shown that States that have expanded  
24220 Medicaid generate greater savings and revenue, which they can  
24221 then use to finance other state initiatives. And those same  
24222 States have also benefited from an increase of jobs in the  
24223 healthcare sector.

24224 So it is for all these reasons that I support the  
24225 amendment offered by my colleague, Mr. Green, which would  
24226 repeal the rollback of Medicaid expansion included in the GOP  
24227 bill today and, instead, incentivize the remaining States to  
24228 expand their Medicaid program.

24229 When we passed the ACA, the idea was that every State  
24230 would expand Medicaid. And because of Supreme Court  
24231 decisions and other actions, that hasn't been the case, but  
24232 it is something that we would like to do. There has been a  
24233 lot of talk about what can be done to improve the ACA. This  
24234 incentivized program that Mr. Green is proposing is one way  
24235 to do that. Contrary to all the concerns that we have about

24236 the Republican bill here and the Republican replacement bill,  
24237 this is something that we know will increase the number of  
24238 people who are insured. We are up to like 95 percent insured  
24239 now because of the Affordable Care Act but there is still  
24240 about, I think there is still about four million individuals  
24241 who could gain access to healthcare coverage if the  
24242 additional 19 States utilized this incentive to expand  
24243 Medicaid.

24244 Now, I just want to take this home to Dr. Burgess  
24245 because he may remember a few years ago we went to this  
24246 Commonwealth Fund health seminar for a couple days in  
24247 Houston. And I took a break from that at one point or maybe  
24248 the day after and Mr. Green and I believe Sheila Jackson Lee,  
24249 took me to the Texas Children's Hospital at the Texas Medical  
24250 Center. And we bemoaned the fact that when we went to the  
24251 lobby of this beautiful Texas Children's Hospital, which was  
24252 next to the emergency room, there were so many people that  
24253 were waiting in line at the emergency room, many of them on  
24254 cots and different things in the lobby of this beautiful  
24255 facility waiting in the emergency room. And we know a lot of  
24256 those people would be eligible for Medicaid expansion if only  
24257 the State of Texas would do what it should do and expand  
24258 Medicaid. But the way to do that is to provide some sort of

24259 incentive and that is exactly what Mr. Green is trying to do  
24260 here.

24261 So it is my hope that my Republican colleague are  
24262 probably not going to support this amendment but I would  
24263 certainly urge the Democrats to do so because we need to make  
24264 the point that Medicaid expansion is one way to or this  
24265 incentivizing is one way to make sure that the goal -- I  
24266 would like to see 100 percent coverage in this country but to  
24267 add another four million people will certainly make a  
24268 difference in adding more people who are insured and  
24269 eliminating a lot of people now that are uninsured.

24270 So I would urge passage of the amendment, Mr. Chairman.

24271 And I don't know if anybody wants my time. Mr. Green?

24272 Mr. Green. I thank the ranking member for yielding.

24273 For the next 2 years, these States, these entities, 19  
24274 of them, would have the opportunity to say we know that we  
24275 could cover more people and they would be in the program,  
24276 just like the 31 who did accept it.

24277 Now there is an issue because this bill actually  
24278 requires States now to do 6 months resigning people on  
24279 Medicaid. Now in Texas, we already have 6 months.  
24280 Congressman Barton and I have legislation to try and change  
24281 that to a year but this bill does the 6-month renewal. But

24282 it would give these States who didn't do it to realize those  
24283 folks could be covered, the poorest of the poor, the  
24284 children, the disabled, and even veterans because we have  
24285 veterans in the Houston area, too, who could get that  
24286 coverage from the Medicaid expansion. And I thank my  
24287 colleague.

24288 Mr. Pallone. And I would yield back the balance of my  
24289 time.

24290 Mr. Upton. [Presiding.] The gentleman yields back. The  
24291 chair will recognize himself for 5 minutes to strike the last  
24292 word.

24293 I was going to make the same point, Mr. Green, that you  
24294 just did, that the States that did not expand still have the  
24295 ability, the right to do that, just as Michigan expanded  
24296 their Medicaid number by passing through legislation through  
24297 the State House, State Senate, signed by the Governor and  
24298 Michigan is now one of those 31 States.

24299 So the States that did not take advantage of that, still  
24300 have the ability to do it before January 1st of 2020, is my  
24301 understanding. Is that not correct?

24302 Mr. Green. Mr. Chairman, if you would yield.

24303 Mr. Upton. I yield, sure.

24304 Mr. Green. I think we need to actually allow those --

24305 Mr. Upton. But could not Texas, as a State that didn't  
24306 expand, still pass a bill?

24307 Mr. Green. Well my goal with this is --

24308 Mr. Upton. You are going to reach back.

24309 Mr. Green. -- I want the legislature and the Governor  
24310 to know the door is closing.

24311 Mr. Upton. Well --

24312 Mr. Green. And for the next 3 years, we could do the  
24313 expansion and then we would fit in with everyone else.

24314 Mr. Upton. I think the Governor knew that the door was  
24315 closing down to 90 percent anyway. It is not something new.  
24316 They still have the ability to do that, though, let's face  
24317 it, they are not probably likely to do that under the current  
24318 --

24319 Mr. Green. Well, I don't think any State -- if you  
24320 would continue to yield -- I don't think any State likes to  
24321 leave money on the table. I don't want Texas to leave money  
24322 on the table.

24323 Mr. Upton. But that, in fact, is what is happening and  
24324 knowing that in fact they could pursue the same course that  
24325 Michigan did.

24326 But what we have done in this bill I think has been a  
24327 careful balance. We have provided a transition period to

24328 allow not only insurance companies to take into account those  
24329 that may be no longer eligible under the 138 percent formula  
24330 number. We are able to hold harmless those folks that are on  
24331 there until they are off, for whatever reason, whether they  
24332 get a job, whether they move to a different State, they are  
24333 held harmless. And we reward the States, like Texas, and  
24334 Florida, and the other States that did not choose to expand  
24335 by reversing, by not allowing the DSH cuts that otherwise  
24336 were going to come into play, which provide some balance,  
24337 some equity in that.

24338 And therefore, because we think that it is the right  
24339 balance, my sense is that the majority on this side of the  
24340 aisle would oppose that provision. But I appreciate your  
24341 interest.

24342 Let me yield to my friend from Colorado, Ms. DeGette.

24343 Ms. DeGette. Thank you so much, Mr. Chairman. So, of  
24344 course, what the Green Amendment is addressing is this phase-  
24345 out of the Medicaid expansion in 2020. Right now, the  
24346 Medicaid expansion covers 11 million people in 32 States and  
24347 the District of Columbia. So when you phase it out, what  
24348 this repeal bill is going to do is it is going to break that  
24349 commitment to our States.

24350 You might want to reset the clock.

24351 Mr. Upton. No, it is still my time.

24352 Ms. DeGette. Oh, no, I thought --

24353 Mr. Upton. You asked me to yield to you.

24354 Ms. DeGette. No, no, I asked to strike the last word.

24355 Mr. Upton. No, it is still my time.

24356 I will take back my time that I yielded to you.

24357 Are there other members on my side that would like to  
24358 speak?

24359 With that, I yield back the balance of my time and to  
24360 strike the last word to the gentlelady from Colorado for 5  
24361 minutes.

24362 Ms. DeGette. Thank you. Sorry about that. It has been  
24363 a long day. I won't, however, what I just said.

24364 Let me just say that my State of Colorado is a good  
24365 example. In my State of Colorado, people who are in the  
24366 Medicaid program will be in very bad shape if the repeal bill  
24367 becomes law because we expanded Medicaid in 2014. We were  
24368 one of the original states to do it. And since then, nearly  
24369 588,000 Coloradans have enrolled. So, therefore, after 202,  
24370 hundreds of thousands of people will not have Medicaid unless  
24371 Colorado somehow comes up with the money.

24372 What this bill also does is it shifts \$253 billion onto  
24373 States under the provisions that get the expansion alone.

24374 And so to continue covering the expansion population, States  
24375 are going to have to pay three to five times more than they  
24376 do under the Affordable Care Act.

24377 In Colorado, our federal payment rate will drop by 40  
24378 percent for the expansion population. Federal payments will  
24379 be slashed to a similar extent in California, New York, New  
24380 Jersey, Illinois, Pennsylvania, Washington, and other States.  
24381 And these are draconian cuts that our States simply can't  
24382 handle. That is why our Governors are pleading with Congress  
24383 to keep the commitments on the expansion.

24384 For example, on January 24th, the National Governors  
24385 Association wrote, quote, in considering changes to Medicaid  
24386 financing, it is critical that Congress continued to maintain  
24387 a meaningful federal role in this partnership and does not  
24388 shift costs onto States.

24389 Now, if we have got the Medicaid expansion, this also  
24390 places an extreme burden on our hospitals, especially those  
24391 in rural areas that are already hanging on by a thread. And  
24392 this is one of many reasons why groups like the American  
24393 Hospital Association and, virtually, all of the major  
24394 hospital groups, have come out in opposition to this bill.

24395 So you know Republicans in the Senate are already  
24396 figuring this out. My Senator, Cory Gardner, Republican of

24397 Colorado, joined Senators Portman, and Capito and Murkowski  
24398 in a letter to Republican leadership opposing this approach.  
24399 They said, and I quote, the draft proposal from the House  
24400 does not meet the test of stability for individuals currently  
24401 enrolled in the program. Senator Gardner knows that Colorado  
24402 is not going to be able to make up this difference.

24403 I want to talk about one more issue that Dr. Burgess  
24404 talked about and that is this DSH issue because the DSH is  
24405 not going to fix this. What this Manager's Amendment says  
24406 for the non-expansion States, then they will get their DSH  
24407 restored. Well, that is all well and good but -- and also in  
24408 Section 115 of the Manager's Amendment, it also gives safety  
24409 net funding. So rewards those States that didn't take the  
24410 Medicaid expansion but then for the States that did take the  
24411 Medicaid expansion, 39 of them, what it says is that the DSH  
24412 restoration will have a 2-year delay. So you are actually  
24413 punishing States that have taken the Medicaid expansion and  
24414 that is not going to be acceptable either.

24415 I will yield to the vice ranking member of the  
24416 committee, Ms. Castor, the balance of my time.

24417 Ms. Castor. Well, I want to thank Ms. DeGette and just  
24418 point out two things. The goal really is coverage for the  
24419 families across America. Coverage. And when you don't

24420 expand Medicaid in some States, you are really missing out.  
24421 And then to go back to a very inefficient system, where you  
24422 are always going to have to have some safety fund and  
24423 Disproportionate Share is kind of a wobbly formula, but that  
24424 doesn't serve us. That is a very expensive, inefficient  
24425 system. What you want, the goal for everyone across the  
24426 country is to have coverage. And that is why a lot of the  
24427 discussion has been about, in our committee, because of what  
24428 is happening in the individual market doesn't serve our  
24429 families. The goal is coverage, not access. Is very  
24430 expensive to provide health care to our folks who show up  
24431 into the emergency room. Those costs are shifted back onto  
24432 people's employer-based health insurance.

24433 So you think you might not be paying but actually, you  
24434 are picking up a larger cost.

24435 I yield back my time.

24436 Ms. DeGette. And I yield back.

24437 Mr. Lance. Mr. Chairman.

24438 Mr. Upton. The gentlelady yields back.

24439 The chair would recognize -- can I recognize Mr. Lance  
24440 first to strike the last word for 5 minutes?

24441 Mr. Lance. Thank you, Mr. Chairman. I move to strike  
24442 the last word.

24443           When the legislation went before the Supreme Court, as  
24444 everyone on the committee knows, it was not declared  
24445 constitutional under the Commerce Clause. And there was the  
24446 thought by the administration and certainly by the Solicitor  
24447 General that it was constitutional based upon the Commerce  
24448 Clause. Obviously, this is the Commerce Committee. In the  
24449 alternative, the Solicitor General argued that it was  
24450 constitutional under the Tax Clause and that is why the law  
24451 stood.

24452           But at the same time, the Supreme Court said, as the  
24453 committee knows, that the forced expansion of Medicaid was  
24454 unconstitutional. I thought, at the time when the Supreme  
24455 Court ruled, that that was an internal tension and dichotomy  
24456 that somehow eventually would result in this very fine  
24457 discussion we are having today. I bet a friend of mine that  
24458 it was going to be declared unconstitutional under the  
24459 Commerce Clause and that we would have to rewrite the law. I  
24460 was wrong. The Solicitor General argued in a subsidiary  
24461 argument that it was a tax. President Obama repeatedly said  
24462 it was not a tax. That is the only way it was declared  
24463 constitutional, as you know, in a five-to-four vote.

24464           It seems to me that it is unrealistic to think that  
24465 those states that did not expand Medicaid would be willing,

24466 ultimately, to permit the rest of us, including New Jersey  
24467 which expanded right away and I think it was the right  
24468 decision, and I am proud of New Jersey and I wish every State  
24469 had done it, but it is unrealistic in my political judgment  
24470 to think that those States that did not expand would  
24471 ultimately permit a 90 percent match. And I think that is  
24472 unfortunate and I wish that every State had expanded,  
24473 including the great States of Texas and Florida, and North  
24474 Carolina, and the others.

24475 But the Supreme Court, in an anomalous decision ruled it  
24476 as constitutional, based upon a Taxation Clause but then  
24477 ruled, several paragraphs later that the forced expansion was  
24478 unconstitutional. That is a dichotomy and a tension that  
24479 results in what we are trying to do today and we are  
24480 obviously trying to be fair to both classification of States.  
24481 In a perfect world, I would prefer to see continued 90  
24482 percent payment to those States that expanded, including New  
24483 Jersey, with a Republican Governor and a Democratic  
24484 Legislature. These are now matters being discussed in the  
24485 Senate by Senator Gardner and others but I believed as an  
24486 attorney then and I believe now that this tension exists  
24487 based upon what I consider is an inconsistent decision by the  
24488 Supreme Court not ruling it constitutional under the Commerce

24489 Clause and yet saying that States are not forced to expand  
24490 based upon federalism arguments and the Tenth Amendment.

24491 Thank you.

24492 Mr. Upton. Would the gentleman yield?

24493 Mr. Lance. Yes, of course, I would yield.

24494 Mr. Upton. I just want to make the point that as all of  
24495 us look at this issue and there was a report today, I want to  
24496 say it was in Roll Call this morning, that there are a number  
24497 of Republicans, obviously on my side of the aisle that think,  
24498 in fact, the provision in the underlying bill is too generous  
24499 and they are looking to scale it back rather dramatically.  
24500 And that is why a number of us like the balance that is  
24501 there, not only a period of transition, grandfathering those  
24502 folks that are on, until they are naturally off, and  
24503 providing some assistance to States that in fact did not move  
24504 forward on expanding Medicaid.

24505 Mr. Lance. Reclaiming my time. I am not one of those  
24506 Republicans and I do not think this is too generous.

24507 Mr. Upton. No, I know that. No, no, no. I know that.  
24508 But I am saying that there are a number of folks --

24509 Mr. Lance. Yes, yes.

24510 Mr. Upton. -- that would like to whittle this further  
24511 down and we may have that vote at some point, maybe on this

24512 committee, maybe on the House floor, maybe whatever.

24513 So, I yield back to the gentleman.

24514 Mr. Lance. I do and I yield to Ms. Eshoo.

24515 Ms. Eshoo. All right, thank you. I thank the gentleman  
24516 from New Jersey and I thank him for his remarks that we just  
24517 all paid very close attention to, intelligent remarks.

24518 I just want to say one thing about the underlying bill.  
24519 To actually penalize a State that has expanded by disallowing  
24520 the DSH for 2 years, I mean I think that States that expanded  
24521 are part of the honor roll in the country because they are  
24522 providing such marvelous services to people across the  
24523 country. So I object to that.

24524 I don't think it is a bragging point, most frankly, of  
24525 the bill that is being considered. And I thank the gentleman  
24526 for yielding to me and I yield back.

24527 Mr. Upton. Actually, the gentleman's time has now  
24528 expired and I will go to this side of the aisle, if anyone  
24529 want to strike the last word.

24530 If not, I recognize the gentleman from Georgia, Mr.  
24531 Carter for 5 minutes.

24532 Mr. Carter. Mr. Chairman I ask to strike the last word.

24533 I just wanted to point out I keep hearing that they are  
24534 saying that the DSH, restoring the DSH cuts for the next 2

24535 years is penalizing the expansion States and that is not what  
24536 it is doing at all. In fact, what it is doing is to reward  
24537 those that did not expand, like my State of Georgia, to make  
24538 them whole. This is a three-tier program. We have got the  
24539 Medicaid safety supplemental funding that is going to be \$10  
24540 billion over the next 5 years and, depending on your ratio of  
24541 those people between 100 and 138 percent, that that is how  
24542 much you get of that.

24543 Then, we have got the Patient State Stability Fund  
24544 which, again, has modifiers in that.

24545 But the DSH payments and not suspending them for the  
24546 non-expansion States, that is a reward to help to bring them  
24547 up and make them whole with the expansion states.

24548 Ms. DeGette. Will the gentleman yield?

24549 Mr. Carter. I yield.

24550 Ms. DeGette. That is not what we are saying. What we  
24551 are saying is that you are giving the States that did not do  
24552 the Medicaid expansion the DSH plus an additional fund under  
24553 Section 115, the safety net funding.

24554 But then what you are doing to the States that did  
24555 expand, the 39 States, you are penalizing them because once  
24556 they phase out in 2020, it is a 2-year delay to get their DSH  
24557 funds. That is what we are saying.

24558 Mr. Carter. That is exactly right. Reclaiming my time,  
24559 that is exactly right. And the reason for that is to get it  
24560 even for the non-expansion States like the State of Georgia.

24561 Ms. DeGette. Again, if the gentleman will yield, what  
24562 will happen, though, is because of that 2-year delay, all the  
24563 expansion States are going to fall off the cliff and their  
24564 hospitals aren't going to be able to get those DSH funds for  
24565 2 years.

24566 Mr. Carter. Reclaiming my time. What the lady doesn't  
24567 understand is that you expanded and you are able to cover  
24568 those --

24569 Ms. DeGette. Excuse me, don't call me lady.

24570 Mr. Carter. -- able-bodied adults who are now in the  
24571 Medicaid expansion.

24572 Mr. Barton. Would the gentleman yield?

24573 Mr. Carter. I yield.

24574 Mr. Barton. I want to ask Counsel a question.

24575 If you are a non-expansion State under current law and  
24576 you are watching this State and your Governor and Legislature  
24577 has this lightbulb go on and say hey, I want to expand, under  
24578 current law, is that automatic or do they have to petition  
24579 HHS and get approval from either the Secretary or CMS?

24580 If the Governor of Texas sent an email today saying we

24581 have changed our mind, we want to expand, would they be  
24582 allowed to automatically or would there be an approval  
24583 process?

24584 Counsel. A State could expand Medicaid under current  
24585 law that has not. So the non-expansion States could --

24586 Mr. Barton. It is not subject to approval or  
24587 disapproval. It would be automatic.

24588 Counsel. They could do it under a waiver but they don't  
24589 have to do it under a waiver.

24590 Mr. Barton. That doesn't make sense: they could do it  
24591 under a waiver but they don't have to do it under a waiver.

24592 Counsel. They could expand Medicaid under current law.  
24593 They could also do it under a waiver as well, under different  
24594 terms.

24595 Mr. Barton. So essentially, a State could join the  
24596 parade late without having to get approval from the Trump  
24597 administration.

24598 Counsel. That is right. They could expand without  
24599 approval.

24600 Mr. Carter. Reclaiming my time. But staff, is that not  
24601 why we got this formula here is to try to make them whole, as  
24602 whole as we could?

24603 Counsel. For the non-expansion States, there are

24604 essentially three benefits included within the underlying --

24605 Mr. Carter. Exactly.

24606 Counsel. So the first is the safety net supplemental  
24607 that was addressed for Medicaid providers.

24608 The second benefit is the ACA Medicaid DSH cuts are  
24609 immediately repealed for the non-expansion States.

24610 Mr. Carter. Right.

24611 Counsel. For the expansion States, those DSH cuts are  
24612 restored 2 years later.

24613 Mr. Carter. Right.

24614 Counsel. And Mr. Carter, as you mentioned earlier,  
24615 there is additional funding through the Patient and State  
24616 Stability Program a modifier that would help non-expansion  
24617 states.

24618 Mr. Carter. Right. I yield to Mr. Griffith.

24619 Mr. Upton. The gentleman's time has actually expired.  
24620 We had a clock issue. So it actually has expired.

24621 Mr. Carter. I yield.

24622 Mr. Upton. Yield back.

24623 Members on this side? The gentlelady from Florida, the  
24624 vice chair, ranking vice chair is recognized for 5 minutes.

24625 Ms. Castor. Thank you, Mr. Upton. On the Section 115  
24626 that relates to the safety net payments, this new safety net

24627 fund that would go to non-expansion States, I notice in the  
24628 subsection A, it uses the word "may." So this appears to  
24629 send down some funds to a non-expansion State but not have a  
24630 requirement that it actually goes to safety net providers.

24631 Why isn't there direct language that says yes, if we are  
24632 sending this safety net funding, that it actually has to go  
24633 to the safety net providers? Because sometimes what States  
24634 do, they do a little shell game. The Feds send them money  
24635 and it goes into the State budget, the State general revenue.

24636 Counsel. Can you restate your question so that we are  
24637 clear on that?

24638 Ms. Castor. Yes, so we in Section 115, Safety Net  
24639 Funding for Non-Expansion States, it provides a new fund is  
24640 created to send money to non-expansion States and I would  
24641 assume the general intent is that it go to hospitals and  
24642 providers that serve the uninsured, that were not covered by  
24643 Medicaid through the expansion. But it appears to be too  
24644 permissive.

24645 So money would be sent to a State but there is no --  
24646 using the word "may" it would appear that there is no real  
24647 requirement that it goes to those safety net providers that  
24648 are providing uncompensated care.

24649 Counsel. So the "may" lets them not take the money if

24650 they don't want.

24651 Ms. Castor. And then where in the language can you  
24652 point me to that -- of course they are going to take the  
24653 money, right? Where in the language does it require that it  
24654 go to the safety net providers and not just into the general  
24655 revenue of a State budget?

24656 Counsel. So on page 23, there is limitation language  
24657 that would limit the funds to not exceed providers' costs  
24658 incurred for furnishing healthcare services.

24659 Ms. Castor. So can you speak up a little bit?

24660 Counsel. Yes, ma'am. On page 23 there is language  
24661 similar to how there are --

24662 Mr. Upton. Order.

24663 Ms. Castor. Can you read that language so that everyone  
24664 can hear it?

24665 Counsel. Limitation on payment adjustment amount for  
24666 individual providers. The amount of a payment adjustment  
24667 under subsection A for an eligible provider may not exceed  
24668 the provider's cost incurred in furnishing healthcare  
24669 services as determined by the Secretary and net of payments  
24670 under this title, other than under this section, and by  
24671 uninsured patients --

24672 Ms. Castor. That doesn't say that it has to go to the

24673 providers. It just says the payment adjustment may not  
24674 exceed the provider's costs.

24675 Counsel. That is what that language says.

24676 Ms. Castor. So, it is permissive. I think it is not  
24677 clear in the --

24678 Counsel. Ms. Castor, it is permissive. The State  
24679 doesn't have to take the money.

24680 Ms. Castor. But I mean they are going to take the money  
24681 but what we want to see is that it actually goes to the  
24682 providers, the hospitals and others that are providing  
24683 uncompensated care.

24684 Counsel. So it would have to go to the provider for the  
24685 State to get the incentive that is on page 22 related to the  
24686 match. So if you take a look at --

24687 Ms. Castor. Can you read that language, please?

24688 Counsel. Sure, so page 22, line 3 provides an  
24689 additional match for the States.

24690 Ms. Castor. Can you read that explicitly because I --

24691 Counsel. Sure.

24692 Ms. Castor. I am on page 22.

24693 Counsel. It actually starts on page 21.

24694 Ms. Castor. Okay.

24695 Counsel. So, it reads increase in applicable FMAP.

24696 Ms. Castor. Can you speak up again, too, please?

24697 Counsel. Notwithstanding Section 1905(b), the Federal  
24698 Medical Assistance Percentage applicable with respect to  
24699 expenditures attributable to a payment adjustment under  
24700 subsection A for which payment is permitted under subsection  
24701 C shall be equal to: paragraph 1) 100 percent for calendar  
24702 quarters in calendar years 2018, 2019, 2020, and 2021; and  
24703 paragraph 2) 95 percent for calendar quarters in calendar  
24704 year 2022.

24705 Ms. Castor. And again, that language does not require  
24706 that the money that comes from the safety net, this new  
24707 safety fund actually go to the providers.

24708 Maybe we can work on an amendment, although I know we  
24709 want to bring this in for a landing. But do you have another  
24710 clarification?

24711 Counsel. Yes, ma'am, we have been advised by  
24712 Legislative Counsel that the "may" is permissive for States  
24713 to accept the money and in subsection B, if they receive the  
24714 money then the rules apply on the top of page 22, which  
24715 payment is permitted under Subsection C may be equal to you  
24716 have the match, the amount, the formula, and then the  
24717 limitation on providers.

24718 So the mechanics is that it is a State option to take

24719 the money. If a State takes it, here is the formula for the  
24720 spend, the match, and the parameters for that funding.

24721 Ms. Castor. So is it clear to the committee that --

24722 Mr. Barton. If we were awake, it might be.

24723 Ms. Castor. Yes.

24724 Mr. Barton. Some of us are still half asleep.

24725 Mr. Upton. The gentlelady's time has expired.

24726 Ms. Castor. Well, this is an issue --

24727 Mr. Upton. The chair would recognize the gentleman from  
24728 Texas, Mr. Barton, to strike the last word.

24729 Mr. Barton. Thank you. I would like to ask a question  
24730 of the Counsel. Under current law of the Medicaid expansion  
24731 enrollees, able-bodied adults, what is the approximate cost  
24732 per year to the Federal Government for that expansion  
24733 population? My back of the envelope is about \$80 billion a  
24734 year but I could be off as much as CBO probably will be.

24735 Counsel. Chairman, that sounds right. I don't have the  
24736 exact figure.

24737 Mr. Barton. It is multiple billions.

24738 Counsel. Yes.

24739 Mr. Barton. I mean it is somewhere between \$50 billion  
24740 and \$100 billion.

24741 Counsel. That is right.

24742 Mr. Barton. Somewhere in that range.

24743 Counsel. We think the per capita cost is approximately  
24744 \$6,000.

24745 Mr. Barton. So it is a big number. It is a big number.

24746 We have been having a little bit of a kumbaya moment  
24747 here, where everybody that is for the expansion on both sides  
24748 of the aisle, and there are some Republicans that support it,  
24749 have been almost hugging each other about what a great thing  
24750 it is.

24751 Keep in mind it is able-bodied adults, most of whom are  
24752 under the age of 40. These are not sick, frail, elderly.

24753 Now some of us don't share that enthusiasm. And all  
24754 those manila folders down there, there are two of them have  
24755 my name on them. And at the appropriate time, when Chairman  
24756 Walden gives me the green light, and I am not going to do  
24757 anything until he says it is appropriate to do so, I am going  
24758 to offer an amendment that tweaks the current bill in a  
24759 different direction than Mr. Green does.

24760 My amendment would say the States that have expanded, or  
24761 maybe some States that haven't but want to, can keep  
24762 expanding for this calendar year, not for 3 more years, but  
24763 for this year, 1 more year.

24764 Then, because the current bill, as it is currently

24765 drafted, does not ever definitively end this 90 percent  
24766 match, although this year it is 95 but it does go to 90, that  
24767 theoretically goes in perpetuity. With Mrs. Blackburn and  
24768 Mr. Hudson, I am going to offer a second amendment that would  
24769 end that super-match by date certain, which right now under  
24770 my amendment is 2023.

24771 If you take \$80 billion a year and start multiplying it  
24772 out and we don't change the program, friends, that is a lot  
24773 of money. And Republican Study Committee agrees with myself  
24774 and Mrs. Blackburn, and Mr. Hudson. They just officially  
24775 endorsed our amendments in their Steering Committee. The  
24776 Freedom Caucus supports it. The Trump administration is open  
24777 to it.

24778 So, as Chairman Upton has pointed out, at some point in  
24779 time, we are going to have a come-to-Jesus moment and see  
24780 whether we might not can shorten that expansion period and  
24781 put some definitive certainty to when it will end. And then  
24782 the majority will rule. We will find out whether we have the  
24783 votes to tweak it a little bit or whether we don't.

24784 So with that, Mr. Chairman, I thank you for your  
24785 courtesy and yield back.

24786 Mr. Carter. Would the gentleman yield?

24787 Mr. Upton. Are there other members -- do you want to

24788 yield?

24789 Mr. Carter. Would the gentleman yield?

24790 Mr. Barton. I will yield to Mr. Carter and then Mr.  
24791 Griffith.

24792 Mr. Carter. I thank the gentleman for yielding.

24793 Mr. Chairman, I just want to point out Georgia was one  
24794 of those States that did not expand our Medicaid. If you  
24795 look at Obamacare, it really should have been called  
24796 ObamaCaid. I mean out of 20 million lives that were covered,  
24797 14.5 million of them went onto the expansion of Medicaid.  
24798 Able-bodied adults went into a safety net program that was  
24799 never intended, never intended to be for able-bodied adults.  
24800 It is a safety net program for the aged, the blind, the  
24801 disabled, for children.

24802 I am proud that Georgia did not expand that program and  
24803 I think we ought to be treated fairly and I am going to do  
24804 everything I can to make sure we are treated fairly, just  
24805 like the expansion States.

24806 And I yield back.

24807 Mr. Barton. Mr. Griffith.

24808 Mr. Griffith. Thank you, I appreciate that.

24809 Two things, one I think that Mr. Lance did a great job  
24810 in explaining the balance, I thought he did a nice job on

24811 that.

24812 And then Mr. Barton said earlier, he asked the Counsel  
24813 if the Governor sent an email could they expand. The Counsel  
24814 answered correctly the State could expand but that depends on  
24815 the laws of each individual state and in my home State, the  
24816 Commonwealth of Virginia, which still retains some of its  
24817 sovereignty, the legislature has to go along with that. So  
24818 it is not just the Governor. It is the Governor and the  
24819 legislature.

24820 And I wanted to be clear so that nobody thought that the  
24821 Governor in Virginia could just get us into it if we didn't  
24822 want to be in it.

24823 Mr. Barton. I appreciate the correction. The same  
24824 thing in Texas, I think the legislature would have to --

24825 Mr. Griffith. I yield back.

24826 Mr. Upton. The gentleman's time has expired.

24827 Other members wishing to speak on the amendment? Seeing  
24828 none, a roll call has been requested and our debate has  
24829 ended.

24830 Those in favor of the amendment offered by the gentleman  
24831 from Texas, Mr. Green, will vote aye; those opposed will vote  
24832 no. The clerk will call the roll.

24833 The Clerk. Mr. Barton.

24834 Mr. Barton. No.

24835 The Clerk. Mr. Barton votes no. Mr. Upton.

24836 Mr. Upton. No.

24837 The Clerk. Mr. Upton votes no.

24838 Mr. Shimkus.

24839 [No response.]

24840 The Clerk. Mr. Murphy.

24841 Mr. Murphy. No.

24842 The Clerk. Mr. Murphy votes no.

24843 Mr. Burgess.

24844 Mr. Burgess. No.

24845 The Clerk. Mr. Burgess votes no.

24846 Mrs. Blackburn.

24847 Mrs. Blackburn. No.

24848 The Clerk. Mrs. Blackburn votes no.

24849 Mr. Scalise.

24850 Mr. Scalise. No.

24851 The Clerk. Mr. Scalise votes no.

24852 Mr. Latta.

24853 Mr. Latta. No.

24854 The Clerk. Mr. Latta votes no.

24855 Mrs. McMorris Rodgers.

24856 Mrs. McMorris Rodgers. No.

24857 The Clerk. Mrs. McMorris Rodgers votes no.  
24858 Mr. Harper.  
24859 Mr. Harper. No.  
24860 The Clerk. Mr. Harper votes no.  
24861 Mr. Lance.  
24862 Mr. Lance. No.  
24863 The Clerk. Mr. Lance votes no.  
24864 Mr. Guthrie.  
24865 Mr. Guthrie. No.  
24866 The Clerk. Mr. Guthrie votes no.  
24867 Mr. Olson.  
24868 Mr. Olson. No.  
24869 The Clerk. Mr. Olson votes no.  
24870 Mr. McKinley.  
24871 Mr. McKinley. No.  
24872 The Clerk. Mr. McKinley votes no.  
24873 Mr. Kinzinger.  
24874 Mr. Kinzinger. No.  
24875 The Clerk. Mr. Kinzinger votes no.  
24876 Mr. Griffith.  
24877 Mr. Griffith. No.  
24878 The Clerk. Mr. Griffith votes no.  
24879 Mr. Bilirakis.

24880	<u>Mr. Bilirakis.</u>	No.
24881	The Clerk.	Mr. Bilirakis votes no.
24882	Mr. Johnson.	
24883	<u>Mr. Johnson.</u>	No.
24884	The Clerk.	Mr. Johnson votes no.
24885	Mr. Long.	
24886	<u>Mr. Long.</u>	No.
24887	The Clerk.	Mr. Long votes no.
24888	Mr. Bucshon.	
24889	<u>Mr. Bucshon.</u>	No.
24890	The Clerk.	Mr. Bucshon votes no.
24891	Mr. Flores.	
24892	<u>Mr. Flores.</u>	No.
24893	The Clerk.	Mr. Flores votes no.
24894	Mrs. Brooks.	
24895	<u>Mrs. Brooks.</u>	No.
24896	The Clerk.	Mrs. Brooks votes no.
24897	Mr. Mullin.	
24898	<u>Mr. Mullin.</u>	No.
24899	The Clerk.	Mr. Mullin votes no.
24900	Mr. Hudson.	
24901	[No response.]	
24902	The Clerk.	Mr. Collins.

24903	<u>Mr. Collins.</u>	No.
24904	The Clerk.	Mr. Collins votes no.
24905	Mr. Cramer.	
24906	<u>Mr. Cramer.</u>	No.
24907	The Clerk.	Mr. Cramer votes no.
24908	Mr. Walberg.	
24909	<u>Mr. Walberg.</u>	No.
24910	The Clerk.	Mr. Walberg votes no.
24911	Mrs. Walters.	
24912	<u>Mrs. Walters.</u>	No.
24913	The Clerk.	Mrs. Walters votes no.
24914	Mr. Costello.	
24915	<u>Mr. Costello.</u>	No.
24916	The Clerk.	Mr. Costello votes no.
24917	Mr. Carter.	
24918	<u>Mr. Carter.</u>	No.
24919	The Clerk.	Mr. Carter votes no.
24920	Mr. Pallone.	
24921	<u>Mr. Pallone.</u>	Aye.
24922	The Clerk.	Mr. Pallone votes aye.
24923	Mr. Rush.	
24924	[No response.]	
24925	The Clerk.	Ms. Eshoo.

24926 Ms. Eshoo. Aye.

24927 The Clerk. Ms. Eshoo votes aye.

24928 Mr. Engel.

24929 [No response.] The Clerk. Mr. Green.

24930 Mr. Green. Aye.

24931 The Clerk. Mr. Green votes aye.

24932 Ms. DeGette.

24933 Ms. DeGette. Aye.

24934 The Clerk. Ms. DeGette votes aye.

24935 Mr. Doyle.

24936 Mr. Doyle. Yes.

24937 The Clerk. Mr. Doyle votes aye.

24938 Ms. Schakowsky.

24939 Ms. Schakowsky. Aye.

24940 The Clerk. Ms. Schakowsky votes aye.

24941 Mr. Butterfield.

24942 Mr. Butterfield. Aye.

24943 The Clerk. Mr. Butterfield votes aye.

24944 Ms. Matsui.

24945 Ms. Matsui. Aye.

24946 The Clerk. Ms. Matsui votes aye.

24947 Ms. Castor.

24948 Ms. Castor. Aye.

24949 The Clerk. Ms. Castor votes aye.  
24950 Mr. Sarbanes.  
24951 Mr. Sarbanes. Aye.  
24952 The Clerk. Mr. Sarbanes votes aye.  
24953 Mr. McNerney.  
24954 [No response.]  
24955 The Clerk. Mr. Welch.  
24956 Mr. Welch. Aye.  
24957 The Clerk. Mr. Welch votes aye.  
24958 Mr. Lujan.  
24959 Mr. Lujan. Aye.  
24960 The Clerk. Mr. Lujan votes aye.  
24961 Mr. Tonko.  
24962 Mr. Tonko. Aye.  
24963 The Clerk. Mr. Tonko votes aye.  
24964 Ms. Clarke.  
24965 Ms. Clarke. Aye.  
24966 The Clerk. Ms. Clarke votes aye.  
24967 Mr. Loeb sack.  
24968 Mr. Loeb sack. Aye.  
24969 The Clerk. Mr. Loeb sack votes aye.  
24970 Mr. Schrader.  
24971 Mr. Schrader. Aye.

24972 The Clerk. Mr. Schrader votes aye.

24973 Mr. Kennedy.

24974 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

24975 Mr. Cardenas.

24976 Mr. Cardenas. Aye.

24977 The Clerk. Mr. Cardenas votes aye.

24978 Mr. Ruiz. Mr. Ruiz?

24979 Mr. Ruiz. Aye.

24980 The Clerk. Mr. Ruiz votes aye.

24981 Mr. Peters.

24982 Mr. Peters. Aye.

24983 The Clerk. Mr. Peters votes aye.

24984 Mrs. Dingell.

24985 Mrs. Dingell. Aye.

24986 The Clerk. Mrs. Dingell votes aye.

24987 Chairman Walden.

24988 The Chairman. No.

24989 The Clerk. Chairman Walden votes no.

24990 Mr. Upton. Members wishing to cast a vote? Mr.

24991 Shimkus.

24992 Mr. Shimkus. No.

24993 The Clerk. Mr. Shimkus votes no.

24994 Mr. Upton. Mr. Hudson?

24995           Mr. Hudson.   No.

24996           The Clerk.   Mr. Hudson votes no.

24997           Mr. Upton.   Mr. Engel?

24998           Mr. Engel.   Votes aye.

24999           The Clerk.   Mr. Engel votes aye.

25000           Mr. Upton.   Mr. McNerney.

25001           Mr. McNerney.   Aye.

25002           The Clerk.   Mr. McNerney votes aye.

25003           Mr. Upton.   Other members wishing to cast a vote?

25004           Seeing none, the clerk will report the tally.

25005           The Clerk.   Mr. Chairman, on that vote there were 23

25006           ayes and 31 noes.

25007           Mr. Upton.   Twenty-three ayes, thirty-one noes. The

25008           amendment is not agreed to.

25009           Are there further amendments to the bill? The chair

25010           will recognize the gentleman from Vermont, Mr. Welch, to

25011           offer an amendment. Does the gentleman have the --

25012           Mr. Welch.   Thank you, Mr. Chairman, I do have an

25013           amendment at the desk, Amendment number 166.

25014           [The Amendment offered by Mr. Welch follows:]

25015

25016           \*\*\*\*\*COMMITTEE INSERT 38\*\*\*\*\*

25017 Mr. Upton. And can you help us?

25018 Mr. Welch. This amendment is about making certain that  
25019 nothing in this law will aggravate the problem of higher  
25020 prescription drug prices.

25021 Mr. Upton. Found it. The amendment will be considered  
25022 as read. The staff will distribute the amendment and the  
25023 gentleman is -- do you have the amendment.

25024 The Clerk. There is two 166. Is it the one that is  
25025 written on or is it the clean version?

25026 Mr. Welch. I believe it is the clean version. Sorry.

25027 The Clerk. So in that case, Amendment to the Amendment  
25028 in the Nature of a Substitute Offered by Mr. Welch.

25029 Mr. Upton. The clerk has reported the title. The  
25030 amendment will be considered as read and the gentleman from  
25031 Vermont is recognized for 5 minutes in support of his  
25032 amendment.

25033 Mr. Welch. Mr. Chairman, when Mr. Walden was here, he  
25034 was indicating an appreciation of the urgency of attempting  
25035 to address the cost of health care, something that he said we  
25036 would do down the line. And there is a number of colleagues  
25037 on your side who are working hard on that. Mr. Griffith is  
25038 working with me. Dr. Bucshon I think has been a leader on  
25039 this and there is an immense amount of interest on our side

25040 but here is the deal.

25041 We do nothing in this bill to address cost and, in fact,  
25042 that is where the money is. If we start bringing down the  
25043 cost, it is going to make things much more possible for us to  
25044 get health care delivered to people who need it.

25045 One of the areas where cost is totally exploding is  
25046 pharmaceutical drugs. Just think about it. SOVALDI, a drug  
25047 to treat hepatitis C, \$84,000 for a 12-week treatment course.  
25048 Turing Pharmaceuticals, because they bought a company that  
25049 had a drug that was selling for \$15, it ended up being sold,  
25050 right after the company bought it, for \$1,500.

25051 EpiPen, where parents in Vermont contacted me. This is  
25052 about providing what a child needs when they go into shock.  
25053 That is sold for \$600, 400 percent more than it was just a  
25054 few years ago. And by the way, that company that is  
25055 headquartered in the Netherlands, a U.S. company, Mylan,  
25056 sells that same item in the Netherlands for \$100. We are  
25057 getting ripped off.

25058 Now, the cost, what we are spending on pharmaceutical  
25059 drugs, a total of almost three-quarters of the average Social  
25060 --

25061 Mr. Chairman, the committee is not in order. The  
25062 committee is not in order, Mr. Chairman.

25063 Mr. Upton. The gentleman is correct. The committee is  
25064 not in order.

25065 The gentleman will proceed.

25066 Mr. Welch. All right. Mr. Chairman, according to the  
25067 AARP report, the average annual retail price of drugs was  
25068 over \$11,000 in 2013 for a patient who had prescriptions for  
25069 a chronic illness. That is almost three-quarters of the  
25070 average Social Security retirement benefit of \$15,526 and  
25071 nearly half the median income of somebody on \$23,500.

25072 The amendment is about making certain that nothing in  
25073 this legislation is going to aggravate the already excessive  
25074 burden with the cost of prescription medication.

25075 I would like to remind the committee that President  
25076 Trump spoke about prescription drugs and what a bad deal the  
25077 American consumer was getting with the high cost of  
25078 prescription drugs and that we were getting ripped off.

25079 Yesterday, President Trump met with Congressman Elijah  
25080 Cummings and me and reiterated, restated his support to act  
25081 promptly to address this prescription drug price crisis.  
25082 This an opportunity for us to at least begin focusing on  
25083 health care costs and prescription drugs is the area where  
25084 the cost are rising the fastest.

25085 Mr. Chairman, I urge this committee to adopt this

25086 amendment and begin the process of reining in the out-of-  
25087 control cost of prescription medication. I yield back the  
25088 balance of my time.

25089 Mr. Upton. The gentleman yields back. The chair  
25090 recognizes the chairman of the Health Subcommittee, Dr.  
25091 Burgess, for 5 minutes.

25092 Mr. Burgess. I thank the chairman for the recognition.

25093 Mr. Chairman, the cost of drugs is a problem for too  
25094 many patients and we need to find solutions. Spending on  
25095 prescription drugs represents ten percent of overall  
25096 healthcare spending. However, instead of exercising greater  
25097 government control, Congress could opt and should opt for  
25098 less, focusing instead on efficiency, innovation, and  
25099 competition.

25100 We have spoken about the three phases that Republicans  
25101 will pursue on rescuing people from the harms of the  
25102 Affordable Care Act. And there are things. After we finish  
25103 the reconciliation, there are things that can be done,  
25104 obviously administratively, but we also have the user fee  
25105 agreements within the FDA to reauthorize and the subcommittee  
25106 is actively engaged in that and had our first hearing, in  
25107 fact, last week.

25108 The FDA does take too long to approve generic

25109 applications. There are literally \$1,500 applications that  
25110 have been pending at the agency for years. That needs to  
25111 improve and that needs more competition.

25112 We also have a problem with the time it takes to develop  
25113 and review innovative drugs. It costs nearly \$2 billion and  
25114 takes 14 years to bring a new drug to market. Of course the  
25115 chairman worked on this very diligently with the 21st Century  
25116 Cures bill. The committee got that work done. It I think  
25117 ran through two or three Congresses and it was a milestone  
25118 effort when it was achieved but our work here is not done.  
25119 And of course, the oversight of the implementation of the  
25120 21st Century Cures Act will be part of the ongoing regular  
25121 order process in the subcommittee.

25122 Working on legislation over the next few months to  
25123 reauthorize the FDA user fee process will -- could improve  
25124 the FDA processes so people can see real competition in the  
25125 prescription drug market.

25126 My opinion, and it has been the opinion of others, that  
25127 the Federal Government should not ration drugs and decide  
25128 which drugs are available to seniors under Medicare.  
25129 Ultimately, that leads to price controls and reduction of the  
25130 types of products that are available. Congress should retool  
25131 entitlement programs to encourage greater competition among

25132 providers and insurers because private negotiation, as we  
25133 have seen in the Part D program, private negotiation does  
25134 work. And the Part D program continues to come in below cost  
25135 projections, keeping costs steady for beneficiaries from year  
25136 to year. Premiums have remained stable over the course of  
25137 the program and are now half of what was originally projected  
25138 by the Congressional Budget Office when this committee marked  
25139 up the Medicare Modernization Act in 2004 -- 2005.

25140 The program that was implemented in 2006 has been a  
25141 success story and has put the powers of choice and  
25142 competition and empowered seniors.

25143 I would note the committee and the staff continues to  
25144 work in a bipartisan manner to advance H.R. 749, the Lower  
25145 Drug Costs Through Competition Act by Representatives  
25146 Schrader and Billirakis, which aims to enhance generic  
25147 competition and we look forward to continuing our progress in  
25148 this effort.

25149 In short, Mr. Chairman, there is no shortage of activity  
25150 that is occurring at the subcommittee level through the  
25151 regular order process and that will continue through the  
25152 balance of this year and likely --

25153 Mr. Carter. Will the gentleman yield?

25154 Mr. Burgess. Yes.

25155 Mr. Carter. Mr. Chairman, I thank the gentleman for  
25156 yielding. And I want to assure the gentleman from Vermont  
25157 that he has no greater ally in working on drug prescription  
25158 prices than myself. He and I together co-chair the Pharmacy  
25159 Caucus and I appreciate his interest in this.

25160 There are a number of thing that we can do. In fact, if  
25161 you will look in the Bloomberg today, there is an article  
25162 about PBMs and how they are one of the primary reasons that  
25163 drug prices are increasing. And in fact, Gilead has said  
25164 that PBMs like Express Scripts keep prices high. They do  
25165 this through keeping the prices high so that the PBMs get a  
25166 higher rebate and this is one of the problems that we have.

25167 And you are right, the President has made it clear that  
25168 anyone who is on the other side of R&D needs to beware  
25169 because we are after them and we are after the PBMs because  
25170 they are a primary problem here.

25171 Again, I want to thank you for this but I am not sure  
25172 that, as Dr. Burgess has said, I am not sure that this is the  
25173 right time for us to do it. As the Speaker has explained,  
25174 this is a three-bucket approach that we are trying to get at  
25175 through health care. This is the first bucket. We have  
25176 still got those two buckets to go and, at that time, I hope  
25177 that we can, indeed, address this.

25178 Thank you, Mr. Chairman. I yield back.

25179 Mr. Upton. The gentleman's time has expired.

25180 Mr. Welch. I yield back.

25181 Mr. Upton. The chair recognizes the gentlelady from  
25182 California to strike the last word.

25183 Ms. Eshoo. Thank you, Mr. Chairman. Move to strike the  
25184 last word.

25185 Very interesting to listen to the chairman of the Health  
25186 Subcommittee. I hope everyone was listening. It was long  
25187 and winding. You had to listen hard but there is one message  
25188 that comes out of it. It seems as if our colleagues on this  
25189 side of the aisle are not in synch with the President of the  
25190 United States. That is what is more than obvious to me about  
25191 bringing down the cost of drugs.

25192 I will yield to Mr. Welch.

25193 Mr. Welch. Thank you very much.

25194 Mr. Carter, I am so delighted you are on this committee  
25195 with your very extensive experience in Pharma and we are  
25196 going to listen to you. I am going to listen to you but let  
25197 me express some frustration.

25198 These drug prices have been rising constantly. And the  
25199 pharmaceutical companies, which we all know, do some very  
25200 good things. They create life-extending and pain-relieving

25201 medications and my first wife was the beneficiary of that.  
25202 So I get it and they need research and development. But you  
25203 know what? If they are going to hide behind the assertion  
25204 that it is research and development that justifies these  
25205 prices that are starting to kill the patients who can't get  
25206 access to what they need, show us the books. You know there  
25207 has got to be some transparency here. I am all for letting  
25208 folks get the price they need in order to keep doing the  
25209 research for new breakthrough drugs but there has never been  
25210 any transparency.

25211 The other thing, the cost is unbelievable. I mean we  
25212 are going to be up to \$500 billion soon in the whole  
25213 pharmaceutical expenditure between the government and between  
25214 others. It is like a house is burning with these expenses.

25215 And we can have these rhetorical arguments and line up  
25216 on one side or the other but we have got a situation here  
25217 that needs attention. And the frustration I have is that we  
25218 go round and round and have not made concrete progress.

25219 Price negotiation, for instance, which is a bill that we  
25220 were -- Mr. Cummings and I were talking to the President  
25221 about, I mean I do not get why we don't use free market  
25222 principles, which says that a buyer and seller negotiation  
25223 and a buyer tries to get a high price -- a buyer tries to get

25224 a low price, a seller tries to get a higher price. That is  
25225 the way it works and you bargain with the power that you  
25226 have.

25227 Medicare is the biggest purchaser of drugs in the world  
25228 and do you know what we do? It is astonishing. We buy  
25229 wholesale and pay retail. And you know why we do it?  
25230 Because Congress said that is what we had to do, the  
25231 noninterference clause. This is like upside down capitalism.

25232 So we don't do it in the VA. We don't do it in Medicaid  
25233 and we get prices that are about 60 percent less.

25234 So my question is how can any of us claim that we are  
25235 fiscally responsible when we are not willing to bargain to  
25236 get a better price. Now, bargaining is not setting price.  
25237 It is bargaining. And President Trump gets that. If he is  
25238 going to get a thousand mirrors for one of his buildings, is  
25239 he going to pay the per unit cost on a thousand that he would  
25240 for one? I doubt it. He didn't get to where he is by making  
25241 that kind of bad deal.

25242 So I just implore my colleagues, we have got a lot of  
25243 knowledge here on both sides of the aisle and we have got to  
25244 do something about it. It will help the taxpayer. It will  
25245 help the consumer. It will help our employers who are trying  
25246 to keep costs down so they can continue to provide good

25247 healthcare coverage to their workers.

25248 I yield back.

25249 Mr. Upton. Would the gentleman yield?

25250 Mr. Welch. I yield back to --

25251 Ms. Eshoo. Reclaiming my time.

25252 Last week, the Health Subcommittee had a hearing with  
25253 excellent witnesses. The subject matter was really how much  
25254 generics have brought down costs, how that market has grown,  
25255 how many people are a part of it. But there was a statistic  
25256 that one of the witnesses stated when I asked the question if  
25257 the generic market has grown so much and we have so many  
25258 people participating in it, why do we have such a problem  
25259 with the high cost of drugs. And he said 11 percent of drugs  
25260 account for 63 percent of drug costs. That is amazing, 11  
25261 percent. So it really is a handful of products.

25262 I will yield back.

25263 Mr. Upton. The gentlelady yields back. The chair  
25264 recognizes the gentleman from Florida, Mr. Bilirakis.

25265 Mr. Bilirakis. Thank you, Mr. Chairman, I appreciate it  
25266 very much.

25267 Mr. Welch, we have a bill with Representative Schrader,  
25268 a bipartisan bill to address this issue. As a matter of  
25269 fact, we had a hearing on it last week and we intend to mark

25270 it up, I understand, Mr. Chairman, hopefully by the end of  
25271 the month. It is House bill 749 and it aims to incentivize  
25272 more generic drug competition where it is needed the most.

25273 So, we are addressing this issue. Since introducing  
25274 this bill, we have heard a number of additional ways to  
25275 encourage generic competition and we are working on a  
25276 bipartisan basis to consider these options. The bill will  
25277 supplement the increased generic competition that will come  
25278 from reauthorizing an improved generic drug user fee.

25279 So, again, this is an issue that we are addressing. I  
25280 appreciate Mr. Welch bringing this issue up because we have  
25281 got to lower the drug prices through competition.

25282 And I don't know whether Mr. Schrader wants time.  
25283 Anybody want time?

25284 Mr. Schrader. I do. I do.

25285 Mr. Bilirakis. All right.

25286 Mr. Schrader. Can you give me time?

25287 Mr. Bilirakis. I yield to Mr. Schrader.

25288 Mr. Schrader. Thank you very much. I appreciate it. I  
25289 think this is timely. I think Representative Welch has been  
25290 a long-time advocate for trying to rein in the explosive  
25291 costs of pharmaceuticals and I appreciate working with the  
25292 gentleman from Florida on a bipartisan basis to get at that.

25293 It is not all acrimony here. Occasionally, we do get along  
25294 and try and solve a few problems.

25295 It is a first step. It is not huge but you have got to  
25296 take those first steps to get somewhere down the line. And I  
25297 think it serves notice that this committee and this Congress  
25298 is interested in reining in healthcare costs wherever and  
25299 whenever we can. And the bill goes that way. Representative  
25300 Welch also has some interesting work on mitigation studies  
25301 that we could get behind I think would also be great  
25302 legislation.

25303 So I urge us to continue to work along these lines and,  
25304 hopefully, do what we do best, which is get together and  
25305 solve the problems for the American people. I think that is  
25306 what they are looking for us to do right here right now.

25307 Mr. Bilirakis. I couldn't agree more.

25308 Anyone else like to --

25309 Mr. Upton. I think Mr. Carter wants time.

25310 Mr. Bilirakis. Yes. Oh, yes. Okay, very good. All  
25311 right, I yield to Mr. Carter.

25312 Mr. Carter. I thank the gentleman for yielding. I want  
25313 to reiterate to Representative Welch and to everyone that I  
25314 am as committed as anyone to this. I am not taking up for  
25315 the pharmaceutical manufacturers. They need to pay the

25316 price, too. They need to be responsible for this but it is  
25317 much more than just that.

25318 And again, this is a phased process. I have just been  
25319 told by leadership not to use bucket anymore, use phase now.  
25320 Evidentially, it is too pedestrian. But nevertheless, this  
25321 is not the right phase for us to be doing it. So  
25322 Representative Welch, I will not be supporting your amendment  
25323 but I am supporting your underlying effort to rein in drug  
25324 prices and thank you.

25325 And I yield.

25326 Mr. Bilirakis. That is our goal.

25327 Mr. Upton. Does the gentleman from Florida yield back  
25328 his time?

25329 Mr. Bilirakis. Yes, I yield back. Thank you.

25330 Mr. Upton. The chair recognizes the gentleman from New  
25331 Jersey, Mr. Pallone.

25332 Mr. Pallone. Thank you, Mr. Chairman. I was hoping  
25333 with all these happy faces on the Republican side that we  
25334 could get you to support Mr. Welch's bill. So we will see.  
25335 Maybe we can still get some of you.

25336 But I just wanted to say that prescription drug prices,  
25337 as we know, are rising at an alarming pace and the problem is  
25338 widespread. Annual drug spending in the U.S. is estimated to

25339 reach more than \$500 billion by 2018 and, in 2014, spending  
25340 grew by 12 percent, faster than any year since 2002. And  
25341 this increase is having a very real impact on American  
25342 families with one out of five Americans aged 19 to 64 unable  
25343 to afford the cost of their prescriptions.

25344 Throughout the country, and even from our President, as  
25345 has been mentioned, there is bipartisan support for action to  
25346 lower the cost of prescription drugs and make treatments more  
25347 affordable for patients and their families. The President  
25348 has said he doesn't like what is going on with drug prices  
25349 and, in fact, he said, and I quote, I am going to bring down  
25350 drug prices. Yet, despite this commitment from the  
25351 President, the Republican repeal plan does nothing to address  
25352 drug prices and, instead, continues to give breaks to  
25353 pharmaceutical companies that our President believes are  
25354 getting away with murder by repealing the fee on brand name  
25355 prescription drugs, the pharmaceutical companies agreed to  
25356 under the Affordable Care Act. So this is another one of the  
25357 pay-fors for the Affordable Care Act that is repealed in the  
25358 Republican bill and again, is a giveaway, in this case, to  
25359 corporate interests.

25360 The vast majority of Republican and Democratic voters  
25361 all agree that the most important healthcare priority for a

25362 new President and Congress is making prescription drugs  
25363 affordable for those that need them. Ranking a close second  
25364 and also with bipartisan agreement is the need for government  
25365 to take action to lower drug prices.

25366 So, if we are going to believe the latest tweet, he  
25367 says, quote, a new system where there will be competition in  
25368 the drug industry is coming and, quote, pricing for the  
25369 American people will come way down. However, while we wait  
25370 for the Republicans' next plan to be revealed, I would urge  
25371 my colleagues to support this amendment and delay  
25372 implementation of the American Health Care Act until it can  
25373 be certified by the Secretary that it will lower drug costs  
25374 for consumers.

25375 So I urge my colleagues on both sides of the aisle to  
25376 vote in favor of this amendment and I thank Mr. Welch.

25377 Would anybody like some of my time? Okay, I yield back,  
25378 Mr. Chair.

25379 Mr. Upton. The gentleman yields back. Other members  
25380 wishing to speak?

25381 The gentlelady from Illinois is recognized for 5  
25382 minutes.

25383 Ms. Schakowsky. I move to strike the last word.

25384 I support Congressman Welch's amendment because families

25385 across the country are struggling to afford their  
25386 prescription drugs. And we talked about how President Trump  
25387 has said that big drug corporations are, quote, getting away  
25388 with murder, unquote. And just yesterday, after meeting with  
25389 Congressman Welch and Congressman Cummings, the tweet was I  
25390 am working out a new system where there will be competition  
25391 in the drug industry. Pricing for the American people will  
25392 come way down. That is a tweet. And I have to say, this may  
25393 be one of the issues, if he is serious, that we are going to  
25394 be able to work with him.

25395           You know I was here when Medicare Part D passed. A lot  
25396 of talk about this. And I remember big Pharma putting in the  
25397 one sentence that really changed everything and that was that  
25398 Medicare is prohibited from negotiating for lower drug prices  
25399 with Medicare. And that has plagued us really ever since.

25400           The cost of drugs nearly doubled from \$62 billion in  
25401 2007 to \$121 billion in 2014 in Medicare Part D prescription  
25402 drug pricing doubled from \$11 billion to \$22 billion between  
25403 2007 and 2015.

25404           By the way, I am reintroducing a bill that will add  
25405 transparency. We want to know how much do they really spend  
25406 on research.

25407           In Medicaid, spending on the prescription drugs per

25408 enrollee also grew by over 13 percent between 2013 and 2014.  
25409 And a 2016 AARP study of widely-used brand name drugs found  
25410 that 97 percent had price increases that exceeded inflation.  
25411 Out-of-pocket costs for Americans are rising with the average  
25412 American paying over \$1,300 out of pocket in medical  
25413 expenses, including their prescription drugs before their  
25414 healthcare coverage kicks in and that is a sharp increase  
25415 from an average deduction of \$584 a decade ago.

25416 As a result, too often patients and their families have  
25417 to make very real decisions about what they can afford every  
25418 month and we have all talked about the tradeoffs. Do you pay  
25419 your electric bill, your grocery bill, or your prescription  
25420 drug bill? And according to AARP survey, 55 percent of  
25421 adults over the age of 50 decided not to refill a  
25422 prescription, in part, because of the cost. And nearly one-  
25423 third said cost was, quote, the main reason, unquote, for not  
25424 refilling the prescription.

25425 Skipping doses or prescriptions can have serious  
25426 implications for patients and for our healthcare system. An  
25427 estimated 125,000 deaths and 10 to 20 percent of hospital and  
25428 nursing home admissions each year are the direct result of  
25429 nonadherence to medication.

25430 And the problems created by high prescription drug

25431 prices are not limited to people who are actually taking  
25432 prescription drugs. These price increases also affect  
25433 employers, private insurers, and taxpayer-funded programs  
25434 like Medicare or Medicaid by increasing premiums and the cost  
25435 of public insurance programs.

25436 So this is a systemic problem that requires an  
25437 aggressive and comprehensive solution. And the American  
25438 people totally agree with this.

25439 AARP's survey on prescription drugs found that 87  
25440 percent of Americans ages 50 and older support efforts to  
25441 control prescription drug costs. And similarly, a recent  
25442 poll done by the Kaiser Family Foundation found that 77  
25443 percent of Americans believe the price of drugs is  
25444 unreasonable. People are demanding action and it really is  
25445 time for Congress to Act. One way to help address this issue  
25446 is to limit what patients pay out of pocket for their  
25447 prescription drugs in a month.

25448 So for all the talk from Republicans on reducing  
25449 healthcare costs, their repeal bill does nothing to address  
25450 skyrocketing prescription drug prices. And those who want to  
25451 work on that with us, I would suggest this is a great place  
25452 to start. Why don't you vote for the Welch amendment right  
25453 now? We can roll up our sleeves. We can get to work. And

25454 guess what? Maybe we can work with the President on this as  
25455 well.

25456 And I yield back.

25457 Mr. Burgess. [Presiding.] The chair thanks the  
25458 gentlelady. The gentlelady yields back.

25459 Does anyone on the Republican side seek recognition?

25460 Seeing none, is there further discussion on the Democratic  
25461 side?

25462 For what purpose does the gentleman from New York seek  
25463 recognition?

25464 Mr. Tonko. Mr. Chair, I move to strike the last word.

25465 Mr. Burgess. The gentleman is recognized for 5 minutes.

25466 Mr. Tonko. Thank you, Mr. Chair. I rise in support of  
25467 this amendment reining in out-of-control prescription drug  
25468 costs should be the number one priority for this committee in  
25469 addressing health care. Lowering drug prices is the key to  
25470 unlocking lower overall healthcare costs.

25471 A recent poll found that both Republican and Democratic  
25472 voters agree in making this the number one priority for  
25473 Congress. Let's make it happen for the American people.

25474 Addressing drug costs would help individuals in my  
25475 district, people like Tracy from Troy, New York, who needs  
25476 multiple drug prescriptions to treat preexisting conditions,

25477 including diabetes. The Affordable Care Act has made it  
25478 possible for Tracy to get health coverage for herself and her  
25479 family. Without the ACA, Tracy would not be able to pay her  
25480 doctors or the drug companies. Still, we can do more, much  
25481 more to help Tracy manage her costs.

25482 Prescription drug costs are spiraling out of control.  
25483 Here are the facts from a Money Magazine article: double-  
25484 digit drug price increases have taken place in each of the  
25485 past 3 years; prices for 30 common prescription drugs  
25486 increased at eight times the pace of inflation between 2010  
25487 and 2014; 16.7 percent of all healthcare spending went toward  
25488 prescription drugs, compared to roughly 7 percent in the  
25489 1990s; the average annual retail price of drugs was over  
25490 \$11,000 in 2013; the price of DARAPRIM, made infamous by  
25491 Pharma bro Martin Shkreli, was jacked up 5,000 percent  
25492 overnight.

25493 This situation must be fixed. We can take a good first  
25494 step with this amendment and I strongly urge my colleagues to  
25495 support this amendment.

25496 With that, Mr. Chair, I yield back.

25497 Mr. Burgess. The gentleman yields back. The chair  
25498 thanks the gentleman.

25499 Does any other member seek to be heard on the Welch

25500 amendment?

25501 Seeing none, the question then occurs on the Welch  
25502 Amendment. The gentleman from New Jersey had previously  
25503 asked for a roll call vote. So, the clerk will call the  
25504 roll.

25505 The Clerk. Mr. Barton.

25506 Mr. Upton.

25507 Mr. Shimkus.

25508 Mr. Shimkus. No.

25509 The Clerk. Mr. Shimkus votes no.

25510 Mr. Murphy.

25511 Mr. Burgess.

25512 Mr. Burgess. No.

25513 The Clerk. Mr. Burgess votes no.

25514 Mrs. Blackburn.

25515 Mrs. Blackburn. No.

25516 The Clerk. Mrs. Blackburn votes no.

25517 Mr. Scalise.

25518 Mr. Scalise. No.

25519 The Clerk. Mr. Scalise votes no.

25520 Mr. Latta.

25521 Mr. Latta. No.

25522 The Clerk. Mr. Latta votes no.

25523 Mrs. McMorris Rodgers.

25524 Mrs. McMorris Rodgers. No.

25525 The Clerk. Mrs. McMorris Rodgers votes no.

25526 Mr. Harper.

25527 Mr. Harper. No.

25528 The Clerk. Mr. Harper votes no.

25529 Mr. Lance.

25530 Mr. Lance. No.

25531 The Clerk. Mr. Lance votes no.

25532 Mr. Guthrie.

25533 Mr. Guthrie. No.

25534 The Clerk. Mr. Guthrie votes no.

25535 Mr. Olson.

25536 Mr. Olson. No.

25537 The Clerk. Mr. Olson votes no.

25538 Mr. McKinley.

25539 Mr. McKinley. No.

25540 The Clerk. Mr. McKinley votes no.

25541 Mr. Kinzinger.

25542 Mr. Kinzinger. No.

25543 The Clerk. Mr. Kinzinger votes no.

25544 Mr. Griffith.

25545 Mr. Griffith. No.

25546	The Clerk.	Mr. Griffith votes no.
25547	Mr. Bilirakis.	
25548	<u>Mr. Bilirakis.</u>	No.
25549	The Clerk.	Mr. Bilirakis votes no.
25550	Mr. Johnson.	
25551	<u>Mr. Johnson.</u>	No.
25552	The Clerk.	Mr. Johnson votes no.
25553	Mr. Long.	
25554	<u>Mr. Long.</u>	No.
25555	The Clerk.	Mr. Long votes no.
25556	Mr. Bucshon.	
25557	<u>Mr. Bucshon.</u>	No.
25558	The Clerk.	Mr. Bucshon votes no.
25559	Mr. Flores.	
25560	<u>Mr. Flores.</u>	No.
25561	The Clerk.	Mr. Flores votes no.
25562	Mrs. Brooks.	
25563	<u>Mrs. Brooks.</u>	No.
25564	The Clerk.	Mrs. Brooks votes no.
25565	Mr. Mullin.	
25566	<u>Mr. Mullin.</u>	No.
25567	The Clerk.	Mr. Mullin votes no.
25568	Mr. Hudson.	

25569 [No response.]

25570 The Clerk. Mr. Collins.

25571 Mr. Collins. No.

25572 The Clerk. Mr. Collins votes no.

25573 Mr. Cramer.

25574 [No response.]

25575 The Clerk. Mr. Walberg.

25576 Mr. Walberg. No.

25577 The Clerk. Mr. Walberg votes no.

25578 Mrs. Walters.

25579 Mrs. Walters. No.

25580 The Clerk. Mrs. Walters votes no.

25581 Mr. Costello.

25582 Mr. Costello. No.

25583 The Clerk. Mr. Costello votes no.

25584 Mr. Carter.

25585 Mr. Carter. No.

25586 The Clerk. Mr. Carter votes no.

25587 Mr. Pallone.

25588 Mr. Pallone. Votes aye.

25589 The Clerk. Mr. Pallone votes aye.

25590 Mr. Rush.

25591 [No response.]

25592 The Clerk. Ms. Eshoo.  
25593 Ms. Eshoo. Aye.  
25594 The Clerk. Ms. Eshoo votes aye.  
25595 Mr. Engel.  
25596 [No response.]  
25597 The Clerk. Mr. Green.  
25598 Mr. Green. Aye.  
25599 The Clerk. Mr. Green votes aye.  
25600 Ms. DeGette.  
25601 Ms. DeGette. Aye.  
25602 The Clerk. Ms. DeGette votes aye.  
25603 Mr. Doyle.  
25604 Mr. Doyle. Yes.  
25605 The Clerk. Mr. Doyle votes aye.  
25606 Ms. Schakowsky.  
25607 Ms. Schakowsky. Aye.  
25608 The Clerk. Ms. Schakowsky votes aye.  
25609 Mr. Butterfield.  
25610 Mr. Butterfield. Aye.  
25611 The Clerk. Mr. Butterfield votes aye.  
25612 Ms. Matsui.  
25613 Ms. Matsui. Aye.  
25614 The Clerk. Ms. Matsui votes aye.

25615 Ms. Castor.

25616 Ms. Castor. Aye.

25617 The Clerk. Ms. Castor votes aye.

25618 Mr. Sarbanes.

25619 Mr. Sarbanes. Aye.

25620 The Clerk. Mr. Sarbanes votes aye.

25621 Mr. McNerney.

25622 Mr. McNerney. Aye.

25623 The Clerk. Mr. McNerney votes aye.

25624 Mr. Welch.

25625 Mr. Welch. Aye.

25626 The Clerk. Mr. Welch votes aye.

25627 Mr. Lujan.

25628 Mr. Lujan. Aye.

25629 The Clerk. Mr. Lujan votes aye.

25630 Mr. Tonko.

25631 Mr. Tonko. Aye.

25632 The Clerk. Mr. Tonko votes aye.

25633 Ms. Clarke.

25634 Ms. Clarke. Aye.

25635 The Clerk. Ms. Clarke votes aye.

25636 Mr. Loeb sack.

25637 Mr. Loeb sack. Aye.

25638 The Clerk. Mr. Loeb sack votes aye.

25639 Mr. Schrader.

25640 Mr. Schrader. Aye.

25641 The Clerk. Mr. Schrader votes aye.

25642 Mr. Kennedy.

25643 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

25644 Mr. Cardenas.

25645 [No response.]

25646 The Clerk. Mr. Ruiz.

25647 Mr. Ruiz. Aye.

25648 The Clerk. Mr. Ruiz votes aye.

25649 Mr. Peters.

25650 [No response.]

25651 The Clerk. Mrs. Dingell.

25652 Mrs. Dingell. Aye.

25653 The Clerk. Mrs. Dingell votes aye.

25654 Chairman Walden.

25655 The Chairman. No.

25656 The Clerk. Chairman Walden votes no.

25657 Mr. Barton.

25658 Mr. Barton. No.

25659 The Clerk. Mr. Barton votes no.

25660 Mr. Upton.

25661 Mr. Upton. Votes no.

25662 The Clerk. Mr. Upton votes no.

25663 Mr. Murphy.

25664 Mr. Murphy. No.

25665 The Clerk. Mr. Murphy votes no.

25666 Mr. Hudson.

25667 [No response.]

25668 The Clerk. Mr. Cramer.

25669 Mr. Cramer. No.

25670 The Clerk. Mr. Cramer votes no.

25671 Mr. Engel.

25672 Mr. Engel. Vote aye.

25673 The Clerk. Mr. Engel votes aye.

25674 Mr. Burgess. The clerk will report.

25675 The Clerk. Mr. Chairman, on that vote there were 21

25676 ayes and 30 noes.

25677 Mr. Burgess. Twenty-one ayes and thirty noes. The

25678 amendment is not agreed to.

25679 Is there a member seeking recognition? For what purpose

25680 does the gentlelady from New York seek recognition?

25681 Ms. Clarke. Mr. Chairman, I have an amendment at the

25682 desk.

25683 [The Amendment offered by Ms. Clarke follows:]

25684

25685

\*\*\*\*\*INSERT 39\*\*\*\*\*

25686 Mr. Burgess. The clerk will report.

25687 Ms. Clarke. Number 86.

25688 The Clerk. Amendment to the Amendment in the Nature of  
25689 a Substitute Offered by Ms. Clarke.

25690 Mr. Burgess. Without objection, the reading of the  
25691 amendment is dispensed with and the gentlelady is recognized  
25692 for 5 minutes on her amendment.

25693 Ms. Clarke. Thank you, Mr. Chairman.

25694 My sense of congress amendment will prevent the  
25695 elimination of the Prevention and Public Health Fund. The  
25696 Prevention and Public Health Fund is critical to addressing  
25697 health disparities and preventing infectious diseases in  
25698 underserved population. African American women are  
25699 particularly vulnerable and benefit greatly from the program  
25700 supported by this fund.

25701 As I have always maintained, access to quality  
25702 affordable health care is and should be a basic human right.  
25703 Having access to health care not only improves and sustains  
25704 ones quality of life but also helps bend the healthcare cost  
25705 curve. However, I know firsthand that there are significant  
25706 barriers to accessing quality and affordable health care  
25707 which, in turn, exacerbates racial and gender health  
25708 disparities.

25709           According to the Center for Disease Control and  
25710           Prevention, African American women are twice as likely to  
25711           suffer from heart disease as a result of high rates of  
25712           chronic health conditions, such as obesity, elevated  
25713           cholesterol, high blood pressure, and diabetes. And when it  
25714           comes to breast cancer, the rates and severity of the disease  
25715           are even more alarming. African American women are twice as  
25716           likely to be diagnosed with aggressive subtypes of breast  
25717           cancer, including --

25718           Mr. Burgess. If the gentlelady will suspend. The  
25719           committee will come to order.

25720           The gentlelady may proceed.

25721           Ms. Clarke. Thank you, Mr. Chairman.

25722           African American women are twice as likely to be  
25723           diagnosed with aggressive subtypes of breast cancer,  
25724           including triple negative breast cancer that  
25725           disproportionately affects young African American women.  
25726           African American women also are 43 percent more likely to die  
25727           from breast cancer than their white counterparts. The 5-year  
25728           survival rate for white breast cancer survivors is 89  
25729           percent; whereas, the 5-year survival rate for African  
25730           American women is just 79 percent.

25731           You may be asking yourself why breast cancer is so

25732 important and personal for me. The answer is simple. My  
25733 staffer, Dale Degale. Dale was diagnosed with LCIS, an  
25734 acknowledged precursor to breast cancer. Unfortunately, Dale  
25735 was unable to receive prompt and appropriate high-quality  
25736 medical follow-up and, as a result, Dale's condition  
25737 worsened. Like many other African American women, when Dale  
25738 eventually did receive health care, her disease was in an  
25739 advanced stage.

25740 Thankfully, Dale survived. Because of Dale and  
25741 countless other women like her, I will continue to work  
25742 towards decreasing health disparities and in doing so,  
25743 improve the quality of life and longevity for all women of  
25744 color.

25745 So I urge my colleagues this morning to support my  
25746 amendment to prevent the elimination of the Prevention and  
25747 Public Health Fund.

25748 And Mr. Chairman, I yield back the balance of my time.

25749 Mr. Burgess. The gentlelady yields back.

25750 The chair recognizes the gentleman from Pennsylvania.

25751 For what purpose does the gentleman from Pennsylvania --

25752 Mr. Murphy. Strike the last word.

25753 Mr. Burgess. The gentleman is recognized for 5 minutes.

25754 Mr. Murphy. Thank you, Mr. Chairman.

25755 I just want to point out some things about the  
25756 Prevention and Public Health Fund and that is, how it is  
25757 used. Again, it sounds good and with some good intents here  
25758 but there has been a number of things that have happened  
25759 without proper oversight over this in terms of how the money  
25760 is spent.

25761 So before fiscal year 2014 when Congress began directing  
25762 the allocation of the fund through appropriations, grants  
25763 went to some of the following grantees: City of Nashville  
25764 received \$7.5 million Community Putting Prevention to Work  
25765 Grant for free pet spaying and neutering; the City of Boston  
25766 got \$1 million for urban gardening; Pitt County, North  
25767 Carolina got money for signage to promote recreational  
25768 destination for public parks' bike lanes; the Cascade Bicycle  
25769 Education Club got some money for improved walking and biking  
25770 environment. There was also money that went into a  
25771 kickboxing, Zumba, kayaking and paddle boarding classes in  
25772 Waco Texas. King County, Washington got \$12 million for  
25773 changes in zoning policies to locate fast food retailers  
25774 farther from schools. And the list goes on.

25775 I know some people are saying that some of this is cuts  
25776 coming from CDC. We have always funded CDC. We recognize  
25777 their value and that would go through the regular order

25778 process in terms of the Appropriations Committee. But part  
25779 of this is we really wanted to make sure that, as we have  
25780 also said when Congress began to take a closer look at this  
25781 and control more of the spending since 2014 is that the  
25782 Prevention and Public Health Fund was oftentimes not used for  
25783 that.

25784 We have faced similar problems in the past with SAMHSA  
25785 when we found out that Substance Abuse Mental Health Service  
25786 Administration, a good name and does many good things, was  
25787 also using the money for websites for children's sing-along  
25788 songs that cost a few hundred thousand dollars, a website for  
25789 people in Boston to help them with snow anxiety, including --

25790 Ms. Clarke. Would the gentleman yield for a question?

25791 Mr. Murphy. -- crisis hotline calls, et cetera. So,  
25792 it is always appropriate --

25793 Ms. Clarke. Would the gentleman yield for a question?

25794 Mr. Murphy. Not yet, please. Let me finish. I will  
25795 just give me a moment.

25796 But anyways, for a number of things here. We want make  
25797 sure that funds are used right. And certainly the nice thing  
25798 about our bill is we have \$100 billion over 10 years to go  
25799 towards things that States can use for true innovation for  
25800 things to really control better ideas with health care and we

25801 will have a lot of oversight of that, too, to make sure that  
25802 things are not misused in that.

25803 But we are going to do a lot of innovative things.

25804 And certainly, I yield to my friend if you want to have  
25805 a question.

25806 Ms. Clarke. I just had a question because I am just  
25807 trying to figure out what about the items that you just  
25808 mentioned does not fit into the intention of the fund. It is  
25809 about prevention and public health. You went down a list of  
25810 things, from what you described, they are promoting fitness.  
25811 They are promoting wellness in eating properly. You went  
25812 down a list and I am trying to figure out what it was that  
25813 you found to be objectionable.

25814 Mr. Murphy. I thank the gentlelady for her question.  
25815 Let me try and address it this way.

25816 Certainly fitness is important. Weight control and lack  
25817 of smoking, staying away from smoking is important.

25818 The question is how federal funds are used in a  
25819 situation and how best to coordinate it. When we are talking  
25820 about so many areas in areas of health care and costs,  
25821 looking at these as areas such as -- I guess I don't quite  
25822 understand how urban gardening is part of that or signs.

25823 Ms. Clarke. Because urban -- just to answer your

25824 question, sir, many urban areas are food deserts.

25825 Mr. Murphy. I understand.

25826 Ms. Clarke. And when you establish a garden in those  
25827 communities, now they have access to fresh vegetables.

25828 Mr. Murphy. I hear you. I hear you.

25829 Ms. Clarke. So I am just trying to figure out. Perhaps  
25830 of we have a conversation, I can interpret some of that for  
25831 you in a way which you had not seen it before but these are  
25832 very important initiatives in many communities across this  
25833 nation.

25834 Mr. Murphy. Let me reclaim my time on this so I can  
25835 conclude on that.

25836 The initiatives that I really want to make sure are  
25837 taken care of are so many things that we don't -- we don't  
25838 have enough providers. We don't have enough services. We  
25839 don't have enough hospital beds for people with mental  
25840 illness. States are still not using or not coordinating care  
25841 for people under Medicaid to properly integrate and  
25842 coordinate care.

25843 And so it is tough when we see that we are working on  
25844 pet spaying and neutering, and gardening, and signs for where  
25845 their local parks, if local communities, and states, and  
25846 counties want to put money to that, great, but while we are

25847 trying to use precious dollars to really promote so many  
25848 other things with healthcare, I want make sure we are doing  
25849 that.

25850 Now, I have a great deal of respect for my friend. I  
25851 recognize she represents an urban area. And I would be glad  
25852 to talk with you offline about some of these things and how  
25853 we can certainly look at other ways to promote fitness and  
25854 healthy living, et cetera.

25855 But in terms of this, I think we have a number of high  
25856 priorities on how we are going to address that.

25857 And I yield back.

25858 Mr. Burgess. The chair thanks the gentleman. The  
25859 gentleman yields back.

25860 For what purpose does the gentleman from New Jersey seek  
25861 recognition?

25862 Mr. Pallone. Strike the last word, Mr. Chairman.

25863 Mr. Burgess. The gentleman is recognized for 5 minutes.

25864 Mr. Pallone. Thank you, Mr. Chairman.

25865 This amendment, obviously, would prevent the elimination  
25866 of the Prevention and Public Health Fund that is in the  
25867 Republican repeal bill. We haven't spent much time in the  
25868 last 25 hours or so discussing how the ACA encourages  
25869 innovation, improves the quality of health care, and aids in

25870 prevention but it was a very important part of the bill that  
25871 many hours were spent on.

25872           Fortunately, most of those or a lot of those things have  
25873 not been repealed as part of the Republican effort here but  
25874 one of the most important things is the Prevention Fund. And  
25875 I am going to be critical of Mr. Murphy because the fact of  
25876 the matter is he is picking out a few things which don't add  
25877 up to a lot in terms of the overall prevention fund and one  
25878 could argue that even the things he has picked out like the  
25879 gardening, the bicycle, trying to protect kids from eating  
25880 fast foods, even those I would argue makes sense. But what  
25881 he doesn't mention is that a huge amount of the prevention  
25882 fund goes toward major things like tobacco cessation, the  
25883 Zika outbreaks, bioterrorism, preventing bioterrorism,  
25884 obesity, diabetes, things that most people I think would  
25885 agree are very important in terms of prevention.

25886           The bottom line is it is very hard to score prevention  
25887 because usually the CBO won't score it and it is hard to  
25888 calculate over a period of time what it actually means in  
25889 terms of saving health dollars, preventing people from  
25890 getting sicker. But it is crucial because today in America,  
25891 chronic preventable disease, such as heart disease, diabetes,  
25892 and cancer are among the nation's most common costly and

25893 preventable health problems. And unsurprisingly, spending on  
25894 chronic disease alone accounts for roughly 86 percent of all  
25895 healthcare expenditures in the United States.

25896 And despite the harms caused by chronic disease, only a  
25897 small percentage of government health expenditures are  
25898 directed at preventing these diseases before they happen.

25899 So when we passed the ACA, we knew that protecting the  
25900 health of the nation depends upon access to affordable high-  
25901 quality health insurance but we also recognize that it made  
25902 little sense to provide broader access to treatment services  
25903 while continuing to neglect access to prevention services  
25904 that help Americans avoid developing costly chronic  
25905 conditions.

25906 And I also wanted to mention that I have many times  
25907 mentioned my meeting last week or so with the National  
25908 Governors Association, both governors from the Republican and  
25909 Democratic, more actually from the Republican party. And  
25910 this was a major issue there. There were Governors who said  
25911 please, whatever you do in changing the Affordable Care Act  
25912 or replacing parts of the Affordable Care Act, do not neglect  
25913 prevention. Do not neglect innovation. Do not neglect  
25914 improving the quality of health care because that is very  
25915 important to us.

25916           So I guess I am a little shocked that we are here today  
25917           considering eliminating the Prevention Fund in the name of  
25918           saving money on other things because, frankly, if Mr. Murphy  
25919           or others feel that there are problems with it, I don't see  
25920           them.

25921           Mr. Murphy.   Will the gentleman yield for a moment?

25922           Mr. Pallone.   No, I don't have a lot of time.

25923           Mr. Murphy.   Well, you referenced me and I would like to  
25924           respond.

25925           Mr. Pallone.   Well I am not being critical, I am just  
25926           saying that --

25927           Mr. Murphy.   I think you questioned my motives and I  
25928           would like to respond.

25929           Mr. Pallone.   No, no, no, I do not question your  
25930           motives. I am saying this. I am saying simply if there are  
25931           problems with it, we can exercise the oversight. We can have  
25932           some better oversight, something of that nature.

25933                    But the problem is this is eliminating the fund  
25934           altogether and what I am suggesting to my colleague is that  
25935           just because there is some problems, I don't think there are  
25936           but even if you think there are, that doesn't mean that we  
25937           should eliminate the whole thing because this is one of the  
25938           few ways that we have to actually do some good things on

25939 prevention, which is often neglected.

25940 And I think you know you know that you have been the  
25941 chairman of the Oversight Subcommittee for some time. We  
25942 have had a lot of hearings on things that can be preventable.  
25943 And I am simply asking -- you know I don't know what the  
25944 expression is but you know just don't throw everything out.

25945 Ms. Eshoo. The baby with the bathwater.

25946 Mr. Pallone. The baby with the bathwater. Thank you,  
25947 Ms. Eshoo.

25948 Don't throw everything out just because you see some  
25949 problems. You know you can exercise the oversight if you  
25950 want to have some additional hearings on this and then we can  
25951 figure out a way to continue with the fund without actually  
25952 saying that it shouldn't exist at all. Because I don't  
25953 really think that eliminating the fund makes sense, given  
25954 what has already been stated today.

25955 So, I yield back the balance of my team, Mr. Speaker --  
25956 Mr. Chairman.

25957 Mr. Burgess. Mr. Speaker sounds better.

25958 Mr. Pallone. I promoted you but not to President.

25959 Mr. Burgess. The gentleman yields back his time. The  
25960 chair thanks the gentleman.

25961 The gentleman recognizes himself for 5 minutes and I

25962 would like to yield to the gentleman from Pennsylvania, Mr.  
25963 Murphy for his response.

25964 Mr. Murphy. I thank the chairman.

25965 Just on this, I certainly know that my friend from New  
25966 Jersey also holds in high esteem the importance of  
25967 preventative health. My point is this, with regard to this,  
25968 if States are going to ask for money for road signs, and for  
25969 neutering, and other things, they ought be able to produce  
25970 some data for us to show what impact that has had upon it.

25971 I know when we asked the GAO to give us a report a  
25972 SAMHSA. And again, some things for SAMHSA are funded through  
25973 this. With regard to accountability for mental health  
25974 dollars, they said only about 20 percent of grants have  
25975 anybody reporting back to where it went.

25976 And I think you are right, that if we did have more  
25977 oversight and accountability for these prevention programs,  
25978 we would be able to see what works and what doesn't work and  
25979 what is a way that the States can say we can have someone pay  
25980 for something and not.

25981 Now, this being said, this fund came out to be about \$1  
25982 billion a year and then \$2 billion a year after that. As the  
25983 alternative in this piece of legislation before us today, we  
25984 put \$100 billion in there for States to do innovative things

25985 to work on prevention, and intervention, and lowering  
25986 healthcare costs, and a wide range of things. So actually,  
25987 there was a lot more money available to us and we can work  
25988 together to make sure accountability is there for those  
25989 programs.

25990 And I know that under our Oversight Committee, we will  
25991 continue to have hearings on ways we can do this better. I  
25992 want to look at alternative payment models for Medicaid, et  
25993 cetera.

25994 Ms. Clarke. Would the gentleman --

25995 Mr. Murphy. So, I was just making reference to that.  
25996 Yes.

25997 Ms. Clarke. I would --

25998 Mr. Murphy. Actually, it is the chairman's time. I  
25999 yield back to the chairman.

26000 Ms. Clarke. I am sorry.

26001 Mr. Burgess. I thank the gentleman.

26002 The chairman controls the time. And I actually do want  
26003 to speak on this. So, if there is time left over, I will  
26004 come back to you.

26005 You know it was always the advance appropriation nature  
26006 of this. And let me just say, and the gentleman from New  
26007 Jersey remembers this, there were a number of acronyms that

26008 were included in the Affordable Care Act. There are a number  
26009 of them that I would love to visit about but that will be  
26010 done under the regular order part of our committee's  
26011 activity, the Center for Medicare and Medicaid Innovation,  
26012 the PCORI, the Comparative Effectiveness Branch. But this is  
26013 one that because of the advance appropriation nature of this,  
26014 and it was entirely up to the discretion of -- or it is  
26015 entirely up to the discretion of the Secretary how those  
26016 dollars are spent --

26017 Ms. Clarke. Excuse me, Mr. Chairman.

26018 Mr. Burgess. -- it is the obligation of this committee  
26019 to have oversight over how those dollars are spent. So, I  
26020 think --

26021 Ms. Clarke. Mr. Chairman --

26022 Mr. Burgess. No, I will not. I am using this time to  
26023 concur with Dr. Murphy that it is the requirement of the  
26024 Oversight Committee that they do have oversight of the  
26025 activities of the Secretary.

26026 Look, I don't think -- it is no great surprise to anyone  
26027 that never in his wildest dreams did President Obama think  
26028 that Thomas Price would be Secretary of Health and Human  
26029 Services. So I am happy about that but even with that  
26030 development, our committee, our investigative subcommittee,

26031 our Oversight Subcommittee does have the obligation, the  
26032 constitutional obligation to have oversight over those funds.

26033 I have been concerned a number of times. We have had  
26034 public health emergencies, things that are just up in the  
26035 windshield all of a sudden and it is when I have asked could  
26036 the Prevention and Public Health Funds be used for immediate  
26037 response to these occurrences, I was always told by the  
26038 previous administration, no, we need that for other things.  
26039 We have got these other things we are funding, when these  
26040 other public health emergencies seemed so much more critical.  
26041 And the true nature of a Prevention and Public Health Fund  
26042 is, in my opinion, when something happens that you weren't  
26043 expecting, that you will be able to respond to that with some  
26044 agility. But because of the subscription of those funds for  
26045 some of the activities that Dr. Murphy has already outlined,  
26046 it became very, very difficult to do that.

26047 I think this is a reasonable approach that Congress  
26048 should have the oversight over this activity. Even with Dr.  
26049 Price over as the Secretary of Health and Human Services, I  
26050 still want our Oversight Subcommittee to exercise its  
26051 oversight authority. And I think, again, I think that is our  
26052 obligation of the committee. That is our constitutional  
26053 obligation.

26054           The fact of the matter is the advance appropriation  
26055           occurs so that these funds, yes, it started out with \$1  
26056           billion a year but sometime in 2020 or 2025, it increases to  
26057           \$2 billion a year, then in perpetuity. And honestly, the  
26058           committee just simply cannot not exercise the oversight.

26059           I will yield the remaining seconds to the gentlelady to  
26060           New York, if she would like.

26061           So I will yield back my time.

26062           For what purposes does the gentlelady from California  
26063           seek recognition?

26064           Ms. Eshoo. Strike the last word, Mr. Chairman.

26065           Mr. Burgess. The gentlelady is recognized for 5  
26066           minutes.

26067           Ms. Eshoo. Thank you, Mr. Chairman. I move to strike  
26068           the last word.

26069           So I am listening very hard to what you are saying.  
26070           This is what about \$15 billion over 10 years but the use for  
26071           these dollars is not identified but has to be in the bill.  
26072           So I guess this is what my kids would call a slush fund. And  
26073           that is what you are referring to in terms of oversight.

26074           Am I correct, number one, that is about \$15 billion over  
26075           the next 10 years?

26076           Mr. Burgess. Are you talking about the Patient

26077 Stability and Safety Fund?

26078 Ms. Eshoo. No, about the Prevention Fund.

26079 Mr. Burgess. The Innovation Fund.

26080 Ms. Eshoo. Right, the other one, the Prevention Fund.

26081 Mr. Burgess. The Prevention Fund.

26082 Ms. Eshoo. That is what the amendment is about, the

26083 Prevention Fund.

26084 Well, let me ask --

26085 Ms. Clarke. Would the gentlelady yield?

26086 Ms. Eshoo. Let me ask Counsel and then I will yield to

26087 the author of the amendment.

26088 How much is in this fund and over what period of time?

26089 And is there any identification of use for the funds?

26090 Counsel. The funds have been authorized at \$1 billion

26091 for each of fiscal year 2012 through fiscal year 2017; \$900

26092 million for each fiscal year 2018 and fiscal year 2019; \$1

26093 billion for each of fiscal year 2020 and 2021 --

26094 Ms. Eshoo. What is the total, over how many years?

26095 Counsel. You are talking about the Prevention and

26096 Public Health Fund, correct?

26097 Ms. Eshoo. Yes.

26098 Counsel. Once you get to 2025, it is roughly \$2 billion

26099 indefinitely and it ramps up prior to that.

26100 Ms. Eshoo. That is annually. So what does it total,  
26101 over how many years?

26102 Counsel. It is mandatory spending.

26103 Ms. Eshoo. How much is it total?

26104 Counsel. Indefinite.

26105 Ms. Eshoo. For the next 10 years?

26106 Counsel. Indefinitely.

26107 Ms. Eshoo. It just never ends. Wow.

26108 Counsel. \$2 billion for fiscal year 2025 and --

26109 Ms. Eshoo. For people that weren't -- I am reclaiming  
26110 my time.

26111 The whole purpose of our what 26 hours and 7 minutes has  
26112 been to just absolutely squeeze the hell out of Medicaid and  
26113 now we have come to this. This is a ton of money that is set  
26114 aside. Does it have any identification? Is there any  
26115 specificity for the application of the funds?

26116 Counsel. It is for prevention purposes and public  
26117 health purposes under the Public Health Service Act.

26118 Ms. Eshoo. And Mr. Chairman, did you say that this was  
26119 the Secretary that would direct it? That is the other fund.  
26120 But it is not so.

26121 All right. Thank you. I will yield the rest of the  
26122 time to the gentlewoman from New York.

26123 Ms. Clarke. Thank you very much, Ms. Eshoo.

26124 I wanted to just ask Counsel, Counsel could you inform  
26125 us how are these funds actually appropriated since fiscal  
26126 year 2015.

26127 Counsel. That would be through Labor, HHS Appropriation  
26128 Subcommittee.

26129 Ms. Clarke. That is through the Congress, not the  
26130 Secretary.

26131 Counsel. It is transfer authority. So the Committee on  
26132 Appropriations may provide for the transfer of funds to  
26133 eligible activities, subject to the --

26134 Ms. Clarke. Could you really say that, state that  
26135 clearly? Because I think my colleagues were under the wrong  
26136 impression. They were under the impression that it was  
26137 coming directly from HHS under the authority of the  
26138 Secretary.

26139 Would you state explicitly how these funds are  
26140 appropriated? Because we are attributing certain behaviors  
26141 and oversight to the Secretary when, indeed, it is already in  
26142 our purview to provide that, if I understand that correctly.

26143 Counsel. So the Appropriations Committee may transfer  
26144 funds if the Secretary does not direct the funds.

26145 In the instance that the funds are not transferred by

26146 the Appropriations --

26147 Ms. Clarke. So what has happened since fiscal year  
26148 2014? What has actually happened since 2014?

26149 Counsel. What happened or what happens?

26150 Ms. Clarke. Isn't it true that Congress has  
26151 appropriated every dollar since fiscal year 2014?

26152 Counsel. That is correct. Since fiscal year 2014, that  
26153 is correct.

26154 Ms. Clarke. Okay, that is what I thought.

26155 Counsel. That is right.

26156 Ms. Clarke. So it is not true about the Secretary,  
26157 which has been the premise by which this argument has been  
26158 taking place for this whole time.

26159 Counsel. The Secretary previously allocated funds  
26160 before fiscal year 2014. Ms. Clarke. Previously.

26161 Counsel. That is correct.

26162 Ms. Clarke. We are in 2017, right?

26163 Counsel. Before fiscal year 2014. That is right.

26164 Ms. Clarke. Right.

26165 Counsel. Correct.

26166 Ms. Clarke. So I just wanted to be clear because my  
26167 colleagues were making statements that made it sound as  
26168 though we had no role to play in this. And we can shape

26169 this. If our goal is, indeed, to bring down healthcare  
26170 disparities, to make sure that we are modifying behaviors for  
26171 preventative health, this is an avenue in which we can do  
26172 that.

26173 And I yield back to the chairman, the rest of --  
26174 actually --

26175 The Chairman. [Presiding.] The gentlelady, your time  
26176 has expired.

26177 Ms. Clarke. Okay, I yield back the balance of my time.  
26178 I just want us to be --

26179 The Chairman. Time has expired.

26180 Ms. Clarke. I just want to us to be clear.

26181 The Chairman. Time has expired.

26182 Are there other members seeking recognition on this  
26183 amendment?

26184 So we will go to Ms. Matsui for 5 minutes to strike the  
26185 last word.

26186 Ms. Matsui. Thank you, Mr. Chairman. I move to strike  
26187 the last word.

26188 The mental health crisis in this country is very  
26189 personal to me and I have been fighting for patients and  
26190 their loved ones for many years. There is a lot we can do  
26191 better to stop or slow down the hurt and pain that patients

26192 and families feel when mental health is left unaddressed.

26193 The ACA took giant strides forward for the mental health  
26194 community by expanding Medicaid which covers mental health  
26195 and substance use abuse services, covering people with  
26196 preexisting conditions, expanding access to veterans services  
26197 like the depression screening, and further requiring parity  
26198 between mental and physical health services.

26199 Mr. Chairman, we spent years in this committee working  
26200 on legislation to further improve our nation's broken mental  
26201 health system. One of the things we worked on together was  
26202 reauthorizing the Garrett Lee Smith Memorial Act to fund  
26203 youth suicide prevention. Nothing could be more  
26204 heartbreaking than when a young person takes their own life  
26205 before they have had a chance to live it to the fullest.

26206 One of my constituents, Mike, comes from Sacramento to  
26207 my office in D.C. every year to advocate on behalf of those  
26208 who can no longer speak for themselves. Mike lost his 19-  
26209 year-old daughter, Susie, to suicide in 2003. He now  
26210 advocates to increase awareness and funding for suicide  
26211 prevention programs, especially for our young people. Mike  
26212 understands the importance of making sure that the pain he  
26213 and his family have suffered is prevented from happening to  
26214 other families across the country.

26215           The Republican ACA repeal bill before us today will be  
26216           devastating to our efforts to reduce teen suicide in our  
26217           communities. It cuts the Public Health and Prevention Fund,  
26218           which has provided \$12 million to the Garrett Lee Smith Youth  
26219           Suicide Prevention Program thus far. That accounts for  
26220           nearly one-third of the total funding that the program has  
26221           received. By passing this ACA repeal bill, Republicans are  
26222           taking away funding for important programs like these that  
26223           save people's lives. These programs work. Prevention  
26224           training programs have led to significantly lower suicide  
26225           rates among young people, preventing thousands of suicide  
26226           attempts.

26227           Repealing the Prevention Fund would be turning our backs  
26228           on millions of young people at risk of suicide every year.  
26229           Our mental health system remains under constant financial  
26230           strain. The system and the patients and their families who  
26231           need it cannot afford any cuts. That is why I am offering  
26232           this amendment -- Ms. Clarke's amendment to protect the  
26233           Garrett Lee Smith Youth Suicide Prevention Program from any  
26234           cuts.

26235           Mike speaks for Susie and he speaks for all of those who  
26236           are still alive today because of investments and mental  
26237           health services and suicide prevention programs. We need to

26238 listen.

26239 I urge my colleagues to vote in favor of this amendment.

26240 Thank you and I yield to Mrs. Dingell.

26241 Mrs. Dingell. Thank you, Ms. Matsui.

26242 I just want to add to her story and say that there is  
26243 another very important project that is funded through this  
26244 Prevention and Public Health Fund that we cannot lose. It  
26245 does fund a number of diseases like Alzheimer's, and  
26246 diabetes, and mental illness which we all care about, and the  
26247 Zika virus but the CDC's Childhood Lead Poisoning Prevention  
26248 Program is funded exclusively through the Prevention and  
26249 Public Health Fund. And the Prevention Fund has been the  
26250 backbone of America's fight against lead poisoning and we  
26251 have to keep that funding in place until the CDC can certify  
26252 that children in this country are free of lead poisoning.

26253 As well know too well, our children remain at risk for  
26254 lead poisoning, as has been sadly documented in Flint. A  
26255 study in the American Journal of Public Health found that  
26256 nearly five percent of the children in Flint under the age of  
26257 5 had elevated blood levels and now we have had another  
26258 study, a recent Reuters analysis, that says that there are  
26259 almost 3,000 neighborhoods who have recorded childhood lead  
26260 poisoning rates at double those in Flint during the peak of

26261 the city's contamination.

26262 These cuts are putting our nation's public health at  
26263 risk. We cannot sacrifice long-term savings in exchange for  
26264 a quick market and I also support my colleague's very  
26265 important amendment.

26266 I yield back.

26267 The Chairman. The gentlelady yields back and all time  
26268 has expired.

26269 Are there others seeking recognition to speak on this  
26270 amendment? The gentleman from Maryland, Mr. Sarbanes is  
26271 recognized for 5 minutes to strike the last word.

26272 Mr. Sarbanes. Thank you, Mr. Chairman. I appreciate  
26273 it.

26274 I want to support my colleague's amendment. I think the  
26275 Public Health and Prevention Fund is a critical resource. If  
26276 we are going to begin to turn our healthcare system towards  
26277 prevention with all of the savings that that can produce for  
26278 our healthcare system, then we have to maintain these  
26279 investments.

26280 I am nervous about sort of conflating this with the  
26281 State Stability Fund or whatever the name of it is, the \$100  
26282 billion because we heard in connection with earlier  
26283 amendments, that that fund is going to certain purposes at

26284 the State level. And so I don't think one services to  
26285 replace the other. It is an apples and oranges thing. I  
26286 think we have to preserve the integrity of this particular  
26287 fund and the supports that it can provide.

26288 I am proud of having authored something called the No  
26289 Child Left Inside Act, which we introduced for five straight  
26290 Congresses and finally got it passed, which encourages  
26291 schools around the country to build outdoor education into  
26292 their curriculum. They get young people outdoors, which  
26293 encourages their interest in science and other pursuits in  
26294 the environment, environmental literacy, but it also helps to  
26295 promote fitness. That has a wonderful impact in terms of  
26296 prevention.

26297 There is a program here in the District of Columbia  
26298 called ParkRx, where physicians will actually prescribe  
26299 fitness activities for young people and families that they  
26300 see. Pediatricians will say I am writing you a prescription  
26301 to go walk in the park once a day, walk a mile. And they are  
26302 seeing impact in terms of reducing childhood obesity.

26303 I note a program called Health Leads, which operates in  
26304 Baltimore and Boston, and around the country. They do an  
26305 assessment when people come into a health clinic to determine  
26306 what social determinants are at work. For example, if

26307 somebody has asthma, if you don't account for where they live  
26308 and what mold and other irritants might be in the home, then  
26309 you are really not going to solve their problem from a  
26310 prevention standpoint. These are the kinds of initiatives  
26311 that can be supported by this fund. And I want to echo what  
26312 was said about the childhood lead poisoning issue and the  
26313 need to address that.

26314 And I will just close and then I will yield some time to  
26315 Congresswoman Castor.

26316 In Australia, there is actually a portion of the  
26317 healthcare dollar that goes to support their National Parks  
26318 System because they understand that getting people out into  
26319 public spaces, into parks, into nature, is all part of  
26320 fitness. It is all part of prevention. It reduces cost for  
26321 the healthcare system over time. It is a smart investment,  
26322 just the way this Public Health and Prevention Fund is a  
26323 smart investment.

26324 So, I definitely support Congresswoman Clarke's  
26325 amendment and I will yield the balance of my time to  
26326 Congresswoman Castor.

26327 Ms. Castor. Well, I thank my colleague and I thank Ms.  
26328 Clarke for introducing this amendment.

26329 Is it less expensive to prevent diabetes or to treat

26330 diabetes? Is it less expensive to prevent heart disease or  
26331 to treat it in later stages? Of course it is less expensive  
26332 to prevent disease. And in America, where we spend so much  
26333 money, especially in later years in Medicaid and Medicare,  
26334 the intent behind the Prevention Fund was to try to shift  
26335 some of the dynamics there. This is smart public policy.

26336 Unfortunately, if this is repealed, my home State of  
26337 Florida is going to lose maybe \$100 million. This is money  
26338 that we use very wisely for things like chronic disease  
26339 prevention including diabetes, heart disease, and stroke, and  
26340 tobacco cessation. We use it for infectious disease  
26341 prevention.

26342 Think about what happened with Zika over the past 2  
26343 years. It sure would be more efficient and a better use of  
26344 tax dollars to prevent the spread of the Zika virus than  
26345 having to come to Congress and ask for hundreds of millions  
26346 of dollars on the back side.

26347 So, I support this amendment and I urge my colleagues to  
26348 do so as well. And I yield back to Mr. Sarbanes.

26349 Mr. Sarbanes. And I yield back.

26350 The Chairman. The gentleman yields back.

26351 The chair recognizes the gentleman from Kentucky, Mr.  
26352 Guthrie, to speak on this matter for 5 minutes.

26353 Mr. Guthrie. Thanks. I just want to say we find these  
26354 things important as well. And as we talked earlier, the \$100  
26355 billion fund which rose up to prevention funds, it is on page  
26356 47 of the draft I have in front of me, paragraph 8. It is  
26357 promoting access to preventive services, providing services -  
26358 - there are several things listed in here. I am not sure  
26359 that fitting in -- and I understand the food desert issue. I  
26360 am not sure if that would fit in what these were moving  
26361 forward but certainly that diabetes education, smoking  
26362 cessation, dealing with addiction disorders, individuals with  
26363 mental or substance use disorders, or any combination of such  
26364 services. So, I am not going to say that the urban garden in  
26365 New York, which I understand the food desert issue would  
26366 apply here, but certainly a lot of the things that were just  
26367 listed would.

26368 Ms. Clarke. Would the gentleman yield?

26369 Mr. Guthrie. Yes, I sure would.

26370 Ms. Clarke. It is about sound nutrition, right?

26371 Mr. Guthrie. Oh, I understand that.

26372 Ms. Clarke. Oh, okay.

26373 Mr. Guthrie. And I am not sure that would apply or not.  
26374 I am not going to say that it would but I do think it is  
26375 clear that some of the stuff that my friend from Florida just

26376 listed would be. I am not saying that is unimportant. And I  
26377 am not saying this --

26378 Ms. Clarke. No, I was just saying it is not a big leap,  
26379 when you recognize that with sound nutrition, you are able to  
26380 maintain better health.

26381 Mr. Guthrie. Right.

26382 Ms. Clarke. Then, you understand why urban gardens have  
26383 become so very important.

26384 Mr. Guthrie. Absolutely. I am not disagreeing with you  
26385 at all.

26386 Ms. Clarke. Okay.

26387 Mr. Guthrie. But the Prevention Fund is big -- not the  
26388 Prevention Fund -- the Stability Fund, \$100 billion over 10  
26389 and it does allow with high-risk pools, helping people buy  
26390 down premiums. It even, if you read it, it is set up in  
26391 markets as defined by the States. So, States could have  
26392 their own exchanges and move forward.

26393 So as we talk about the freeze and the freeze ending,  
26394 and just having the tax credits that is going through Ways  
26395 and Means, this is also an opportunity for States to do that  
26396 and move forward.

26397 I just want to point that out that you still can use  
26398 prevention funds. I am not sure it is as broad as that.

26399 Ms. Clarke. Would the gentleman yield?

26400 The Chairman. Would the gentleman --

26401 Mr. Guthrie. I need to give him time but, yes, ma'am.

26402 Ms. Clarke. Yes, I just wanted to ask whether what you  
26403 are referring to mandates prevention, that the funds be used  
26404 for prevention. It is my understanding in that particular  
26405 section of this bill, there is no mandate for prevention.

26406 Mr. Guthrie. It is allowable.

26407 Ms. Clarke. So, if others set another priority, then  
26408 prevention will never become a priority in the lives of the  
26409 people that we are trying to help with their health care.

26410 Mr. Guthrie. It is State allocated and it is --

26411 Ms. Clarke. But it is not mandated. It is optional.

26412 Mr. Guthrie. -- permissible. It is a permissible use.

26413 Ms. Clarke. Right, it is optional. Okay.

26414 The Chairman. Would the --

26415 Mr. Guthrie. As I read that, I agree with you. I need  
26416 to yield to the chairman.

26417 The Chairman. I thank the gentleman for yielding. I  
26418 appreciate the discussion. I think we all care about these  
26419 issues.

26420 And to Ms. Clarke on nutrition, I was at Oregon Health  
26421 Sciences University on I think it was last Friday, it is hard

26422 to keep track at this hour, and they are doing some amazing  
26423 research on nutrition as it relates to diabetes, heart  
26424 disease in the mother and grandmother and what carries on  
26425 through.

26426 So these are issues I would like our committee to get  
26427 into in depth to look at what it means 100 years from now  
26428 based on what you eat now. So it is really interesting  
26429 research that they pioneered and we will work on that.

26430 Yes, I think so. And I just want to make the point,  
26431 too, just so we are all on the same page that the fund is not  
26432 phased out until the end of fiscal year 2018 in our  
26433 legislation. And that gives the appropriators time.  
26434 Remember we have a whole Appropriations Committee. They can  
26435 come in and fund these programs, if they so choose.

26436 So, it gets the Congress back into the say on this, in  
26437 terms of the appropriations process, and that check and  
26438 balance on how the money is spent. We will actually have a  
26439 say in it going forward on programs that are Federal. The  
26440 States would have, and their elected officials, some say in  
26441 terms of how the State Stability and Patient Fund would be  
26442 used.

26443 And in the meantime, these programs are funded through  
26444 the end of fiscal year 2018.

26445           So we have really thought this through, I think, in a  
26446 very responsible way because a lot of these programs are very  
26447 important to our health, to our nutrition, to public safety,  
26448 all the things that matter, prevention.

26449           So, I yield back.

26450           Mr. Guthrie. I just have about a half a minute but my  
26451 other friend from Oregon, I think, raised your hand for some  
26452 time. Did you?

26453           Mr. Schrader. If I may. Thank you very much.

26454           Mr. Guthrie. I am happy to yield.

26455           Mr. Schrader. Just a question about this Stability  
26456 Fund. I am a little worried that is being used for  
26457 everything. You know if I am the health insurer and I am  
26458 looking at a fund that I want as a risk pool, primarily, and  
26459 that is what most of this refers to, I am getting worried  
26460 that it is getting killed off into a prevention fund.

26461           The Prevention Fund before was actually about developing  
26462 innovative strategies that a risk pool could then apply. It  
26463 is a different entity altogether, as Mr. Sarbanes said.

26464           So, I thank you for the time.

26465           Mr. Guthrie. I yield back.

26466           The Chairman. The gentleman yields back.

26467           Are there other members? Mr. Tonko is recognized for 5

26468 minutes to debate this matter.

26469 Mr. Tonko. Thank you, Mr. Chair. I move to strike the  
26470 last word.

26471 The reconciliation instructions under consideration  
26472 today could move us to the verge of public health disaster.  
26473 Why break something -- why try to fix something that isn't  
26474 broken? Since fiscal year 2014, Congress has allocated all  
26475 of the funding from the Prevention and Public Health Fund  
26476 through the regular appropriations process. And the Centers  
26477 for Disease Control and Prevention, have received much of  
26478 that funding to support prevention and health promotion  
26479 programs in every state. I know New York has benefited from  
26480 this program.

26481 For example, more than \$890 million of CDC's budget  
26482 comes for the Prevention Fund. That means that the  
26483 Republican's proposal to eliminate the Prevention Fund would  
26484 result in the immediate cut of 12 percent from CDC's annual  
26485 budget. That cut eliminates funding for the Preventative  
26486 Health and Health Services Block Grant that provides \$160  
26487 million in funding to all 50 States, the District of  
26488 Columbia, two American Indian Tribes and eight U.S.  
26489 Territories. The block grant is used to address their public  
26490 health needs, respond rapidly to emerging public health

26491 issues, and fill funding gaps in programs that deal with  
26492 leading causes of death and disability. The need for these  
26493 services could not be clearer.

26494 For example, recently, the National Center for Health  
26495 Statistics reported the first decline in the United States'  
26496 life expectancy since 1993 and an increase in death rates for  
26497 eight of the top ten leading causes of death in the United  
26498 States. Such data make clear that increasing investments in  
26499 population-wide public health interventions are critical to  
26500 promoting and protecting the health of Americans.

26501 Repealing the Prevention Fund cuts all of the funding  
26502 for CDC's Childhood Lead Poisoning Prevention Program. That  
26503 program helps States and cities identify high-risk areas for  
26504 lead poisoning and deploy evidence-based preventative  
26505 measures.

26506 The ongoing water crisis in Flint, Michigan, as well as  
26507 the almost 3,000 neighborhoods recording lead poisoning rates  
26508 at least doubled those in Flint proved that this program is  
26509 critical to protecting the health of our nation's children.

26510 The proposal cuts \$40 million from the Epidemiology and  
26511 Laboratory Capacity Program that enhances State, local, and  
26512 territorial capacity for detecting and responding to  
26513 infectious disease and other public health threats.

26514           And finally, the recent Ebola and Zika crises show that  
26515 investments in strengthening our public health surveillance  
26516 system is as important as ever.

26517           These examples make it so clear that we would not be  
26518 cutting what Republicans want you to believe is a slush fund.  
26519 Instead, we would be crippling CDC and its State and local  
26520 partners' ability to promote and protect the health of all  
26521 Americans.

26522           So with that, I yield back but strongly --

26523           The Chairman. The gentleman yields --

26524           Mr. Tonko. -- support the amendment by my colleague  
26525 from New York.

26526           The Chairman. The gentleman yields back the balance of  
26527 his time.

26528           Are there other members seeking recognition or can we go  
26529 on to the vote? I know we have a lot of amendments to get  
26530 through.

26531           We will have a roll call vote. All those in favor will  
26532 vote aye. Those opposed, no. And the clerk will call the  
26533 roll.

26534           The Clerk. Mr. Barton.

26535           [No response.]

26536           The Clerk. Mr. Upton.

26537 Mr. Upton. No.

26538 The Clerk. Mr. Upton votes no.

26539 Mr. Shimkus.

26540 [No response.]

26541 The Clerk. Mr. Murphy.

26542 Mr. Murphy. No.

26543 The Clerk. Mr. Murphy votes no.

26544 Mr. Burgess.

26545 Mr. Burgess. No.

26546 The Clerk. Mr. Burgess votes no.

26547 Mrs. Blackburn.

26548 Mrs. Blackburn. No.

26549 The Clerk. Mrs. Blackburn votes no.

26550 Mr. Scalise.

26551 Mr. Scalise. No.

26552 The Clerk. Mr. Scalise votes no.

26553 Mr. Latta.

26554 Mr. Latta. No.

26555 The Clerk. Mr. Latta votes no.

26556 Mrs. McMorris Rodgers.

26557 Mrs. McMorris Rodgers. No.

26558 The Clerk. Mrs. McMorris Rodgers votes no.

26559 Mr. Harper.

26560	<u>Mr. Harper.</u>	No.
26561	The Clerk.	Mr. Harper votes no.
26562	Mr. Lance.	
26563	<u>Mr. Lance.</u>	No.
26564	The Clerk.	Mr. Lance votes no.
26565	Mr. Guthrie.	
26566	<u>Mr. Guthrie.</u>	No.
26567	The Clerk.	Mr. Guthrie votes no.
26568	Mr. Olson.	
26569	<u>Mr. Olson.</u>	No.
26570	The Clerk.	Mr. Olson votes no.
26571	Mr. McKinley.	
26572	<u>Mr. McKinley.</u>	No.
26573	The Clerk.	Mr. McKinley votes no.
26574	Mr. Kinzinger.	
26575	[No response.]	
26576	The Clerk.	Mr. Griffith.
26577	[No response.]	
26578	The Clerk.	Mr. Bilirakis.
26579	<u>Mr. Bilirakis.</u>	No.
26580	The Clerk.	Mr. Bilirakis votes no.
26581	Mr. Johnson.	
26582	<u>Mr. Johnson.</u>	No.

26583	The Clerk.	Mr. Johnson votes no.
26584	Mr. Long.	
26585	<u>Mr. Long.</u>	No.
26586	The Clerk.	Mr. Long votes no.
26587	Mr. Bucshon.	
26588	<u>Mr. Bucshon.</u>	No.
26589	The Clerk.	Mr. Bucshon votes no.
26590	Mr. Flores.	
26591	<u>Mr. Flores.</u>	No.
26592	The Clerk.	Mr. Flores votes no.
26593	Mrs. Brooks.	
26594	<u>Mrs. Brooks.</u>	No.
26595	The Clerk.	Mrs. Brooks votes no.
26596	Mr. Mullin.	
26597	<u>Mr. Mullin.</u>	No.
26598	The Clerk.	Mr. Mullin votes no.
26599	Mr. Hudson.	
26600	<u>Mr. Hudson.</u>	No.
26601	The Clerk.	Mr. Hudson votes no.
26602	Mr. Collins.	
26603	[No response.]	
26604	The Clerk.	Mr. Cramer.
26605	<u>Mr. Cramer.</u>	No.

26606	The Clerk.	Mr. Cramer votes no.
26607	Mr. Walberg.	
26608	<u>Mr. Walberg.</u>	No.
26609	The Clerk.	Mr. Walberg votes no.
26610	Mrs. Walters.	
26611	<u>Mrs. Walters.</u>	No.
26612	The Clerk.	Mrs. Walters votes no.
26613	Mr. Costello.	
26614	<u>Mr. Costello.</u>	No.
26615	The Clerk.	Mr. Costello votes no.
26616	Mr. Carter.	
26617	<u>Mr. Carter.</u>	No.
26618	The Clerk.	Mr. Carter votes no.
26619	Mr. Pallone.	
26620	<u>Mr. Pallone.</u>	Aye.
26621	The Clerk.	Mr. Pallone votes aye.
26622	Mr. Rush.	
26623	[No response.]	
26624	The Clerk.	Ms. Eshoo.
26625	<u>Ms. Eshoo.</u>	Aye.
26626	The Clerk.	Ms. Eshoo votes aye.
26627	Mr. Engel.	
26628	<u>Mr. Engel.</u>	Aye.

26629 The Clerk. Mr. Engel votes aye.  
26630 Mr. Green.  
26631 Mr. Green. Aye.  
26632 The Clerk. Mr. Green votes aye.  
26633 Ms. DeGette.  
26634 Ms. DeGette. Aye.  
26635 The Clerk. Ms. DeGette votes aye.  
26636 Mr. Doyle.  
26637 Mr. Doyle. Yes.  
26638 The Clerk. Mr. Doyle votes aye.  
26639 Ms. Schakowsky.  
26640 Ms. Schakowsky. Aye.  
26641 The Clerk. Ms. Schakowsky votes aye.  
26642 Mr. Butterfield.  
26643 Mr. Butterfield. Aye.  
26644 The Clerk. Mr. Butterfield votes aye.  
26645 Ms. Matsui.  
26646 Ms. Matsui. Aye.  
26647 The Clerk. Ms. Matsui votes aye.  
26648 Ms. Castor.  
26649 Ms. Castor. Aye.  
26650 The Clerk. Ms. Castor votes aye.  
26651 Mr. Sarbanes.

26652 Mr. Sarbanes. Aye.

26653 The Clerk. Mr. Sarbanes votes aye.

26654 Mr. McNerney.

26655 Mr. McNerney. Aye.

26656 The Clerk. Mr. McNerney votes aye.

26657 Mr. Welch.

26658 Mr. Welch. Aye.

26659 The Clerk. Mr. Welch votes aye.

26660 Mr. Lujan.

26661 Mr. Lujan. Aye.

26662 The Clerk. Mr. Lujan votes aye.

26663 Mr. Tonko.

26664 Mr. Tonko. Aye.

26665 The Clerk. Mr. Tonko votes aye.

26666 Ms. Clarke.

26667 Ms. Clarke. Aye.

26668 The Clerk. Ms. Clarke votes aye.

26669 Mr. Loeb sack.

26670 Mr. Loeb sack. Aye.

26671 The Clerk. Mr. Loeb sack votes aye.

26672 Mr. Schrader.

26673 Mr. Schrader. Aye.

26674 The Clerk. Mr. Schrader votes aye.

26675 Mr. Kennedy.

26676 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

26677 Mr. Cardenas.

26678 Mr. Cardenas. Aye.

26679 The Clerk. Mr. Cardenas votes aye.

26680 Mr. Ruiz.

26681 Mr. Ruiz. Aye.

26682 The Clerk. Mr. Ruiz votes aye.

26683 Mr. Peters.

26684 Mr. Peters. Aye.

26685 The Clerk. Mr. Peters votes aye.

26686 Mrs. Dingell.

26687 Mrs. Dingell. Aye.

26688 The Clerk. Mrs. Dingell votes aye.

26689 Chairman Walden.

26690 The Chairman. Walden votes no.

26691 The Clerk. Chairman Walden votes no.

26692 The Chairman. Are there members wishing to be recorded?

26693 The gentleman from Illinois, Mr. Shimkus, how would you

26694 --

26695 Mr. Shimkus. No.

26696 The Chairman. -- votes no.

26697 The Clerk. Mr. Shimkus votes no.

26698 The Chairman. The gentleman from New York, Mr. Collins.  
26699 Mr. Collins. Votes no.  
26700 The Clerk. Mr. Collins votes no.  
26701 The Chairman. The gentleman from Illinois, Mr.  
26702 Kinzinger.  
26703 Mr. Kinzinger. No.  
26704 The Clerk. Mr. Kinzinger votes no.  
26705 The Chairman. The gentleman from Virginia, Mr.  
26706 Griffith.  
26707 Mr. Griffith. Votes no.  
26708 The Clerk. Mr. Griffith votes no.  
26709 The Chairman. Other members on this side that are not  
26710 recorded?  
26711 Do we know of any other members making their way here on  
26712 either side? Okay, I think the Clerk can report the result.  
26713 The Clerk. Mr. Chairman, on that vote, there were 23  
26714 ayes and 30 noes.  
26715 The Chairman. Twenty-three ayes, thirty noes, and the  
26716 amendment is defeated.  
26717 For what purpose does the gentlelady from Colorado seek  
26718 recognition?  
26719 Ms. DeGette. Mr. Chairman, I have an amendment at the  
26720 desk, Amendment 60 on actuarial value requirements.

26721 [The Amendment offered by Ms. DeGette follows:]

26722

26723 \*\*\*\*\*INSERT 40\*\*\*\*\*

26724 The Chairman. Thank you. Actuarial value requirements,  
26725 Amendment number six-zero.

26726 The clerk will report the amendment.

26727 The Clerk. Amendment to the Amendment in the Nature of  
26728 a Substitute to the Committee Print Offered by Ms. DeGette.

26729 The Chairman. Further reading of the amendment is  
26730 dispensed and the gentlelady from Colorado is recognized for  
26731 5 minutes to speak on her amendment.

26732 Ms. DeGette. Thank you very much.

26733 The Chairman. Let me get order, though, because it  
26734 seems a little noisy in here.

26735 Ms. DeGette. Thank you.

26736 The Chairman. To our members and staff, if we can hold  
26737 it down just a bit so we can all hear the gentlelady from  
26738 Colorado.

26739 Please proceed.

26740 Ms. DeGette. Thank you, Mr. Chairman.

26741 One of the biggest complaints that I hear about the  
26742 Affordable Care Act, mainly from the other side of the aisle  
26743 is high deductibles. And I just want to mention, for  
26744 example, a few of the many times President Trump has  
26745 complained about the deductibles being too high.

26746 In February he said, quote, your deductibles have gone

26747 so high, you can never use it. Obamacare doesn't work. It  
26748 has become totally unaffordable. And then he said, quote,  
26749 the health care can't even be used because the deductibles  
26750 are so high.

26751 And it is not -- Mr. Chairman, I am so sorry. It is so  
26752 loud, I can't even hear myself.

26753 The Chairman. I agree. Please take your conversations  
26754 outside of the committee room so that we can conduct our  
26755 business.

26756 Ms. DeGette. Thank you.

26757 The Chairman. The gentlelady may proceed.

26758 Ms. DeGette. Thank you, Mr. Chairman.

26759 Even members of this committee have talked a lot about  
26760 the high deductibles that people are paying. I won't shame  
26761 people by name but let me just give a couple quotes from our  
26762 colleagues on the other side of the aisle.

26763 One of our colleagues said in November 2016, quote,  
26764 people have crappy insurance now. They have high costs.  
26765 They have high deductibles. It is like they don't have  
26766 insurance. Someone else has no less than three press  
26767 releases from the past year on her website with complaints  
26768 about deductibles. And they say things like, quote,  
26769 Obamacare is taking us back to the day of old major medical

26770 policies with high deductibles. I think you get the gist.

26771           Clearly, those on the other side of the aisle have  
26772 identified high deductibles as a major problem. And high  
26773 deductibles were a problem before we passed the Affordable  
26774 Care Act, which was one reason why we did the Affordable Care  
26775 Act, and I completely agree that as we look at trying to  
26776 improve the Affordable Care Act, high deductibles are  
26777 something that we should look at. Unfortunately, though,  
26778 this bill eliminates vital Affordable Care Act protections  
26779 known as actuarial value requirements that actually prevent  
26780 insurance companies from shifting more costs onto consumers  
26781 in the form of out-of-pocket payments like deductibles and  
26782 copays. And so ironically, by eliminating these ACA  
26783 protections, the Manager's Amendment will actually make  
26784 deductibles skyrocket.

26785           So, it turns control back over to the insurance  
26786 companies to push as many costs as they can back onto the  
26787 consumers. But the problem doesn't stop there. The repeal  
26788 bill also eliminates an important part of the Affordable Care  
26789 Act called cost sharing reduction or CSR payments that help  
26790 families who make less than \$60,000 a year afford their  
26791 deductible.

26792           So not only does the bill raise the deductible, it also

26793 then rips away the support under current law that makes  
26794 deductibles affordable for more people.

26795 In 2016, seven million people received help with cost  
26796 sharing under this ACA program, including 29,000 people in  
26797 Colorado and this made a big difference for people.  
26798 Deductibles in plans with CSR payments were around \$246, on  
26799 average, compared to over \$3,000 in plans where the  
26800 assistance was not available. If we really want to help more  
26801 people with their deductibles, we should expand this program  
26802 and not end it.

26803 And so frankly, my colleagues, if you think your  
26804 deductible is bad under the ACA, you just wait to see how  
26805 high it is going to go under this new bill. The American  
26806 people were promised lower cost and they were specifically  
26807 promised lower deductibles repeatedly.

26808 This amendment gives our Republican colleagues a chance  
26809 to make good on their promises. It strikes the provisions in  
26810 this bill that will allow insurers to push even more costs  
26811 onto the American people in the form of out-of-pocket  
26812 payments. I urge everybody to get together on this because  
26813 truly, if we are going to make insurance affordable and  
26814 better for everybody, we are going to have to work to reduce  
26815 deductibles, not let them go out of control.

26816 I yield back.

26817 The Chairman. The gentlelady yields back. Are there  
26818 other members seeking recognition on this amendment?

26819 The chair recognizes the gentleman from Indiana, Dr.  
26820 Bucshon, for 5 minutes.

26821 Mr. Bucshon. Thank you, Mr. Chairman.

26822 Currently, the Affordable Care Act requires the  
26823 insurer's label their plans by metal tiers, bronze, silver,  
26824 gold, and platinum. These metal tiers are determined by  
26825 their respective actuarial value. Although they sound  
26826 pretty, these plans limit choices. They are rigid and do not  
26827 allow insurers to develop flexible plans to meet the needs of  
26828 individuals in specific regions of the country. We have seen  
26829 this in particular with insurers who have been weighed down  
26830 by the demands of the higher tiers, thus, leading to plans  
26831 that are too expensive for most Americans.

26832 Lack of flexible plans to accommodate the needs of  
26833 America is the very reason why we are seeing the individual  
26834 market in a death spiral. And those are not my words; they  
26835 are from a CEO.

26836 Insurance is too expensive for most Americans and when  
26837 it is affordable, it does not cover the services that  
26838 individuals need. The Affordable Care Act has crippled our

26839 insurance markets and repealing the actuarial values imposed  
26840 by this law on insurers is the first step that we can take to  
26841 stabilize markets and return security to Americans.

26842 Of course there is still more that we will have to do,  
26843 beyond repealing the actuarial values to stabilize the  
26844 markets. This has to be met coupled with relaxing the age  
26845 band to five-to-one and providing States with grants to the  
26846 Patient and State Stability Fund so that the States can make  
26847 meaningful reforms to their individual markets.

26848 I will yield to any Republican member that wants to  
26849 speak.

26850 I yield to Mr. Scalise.

26851 Mr. Scalise. Thank you, Dr. Bucshon.

26852 This amendment gets to I guess the heart of that  
26853 question that we have been talking about for a while and that  
26854 is freedom because if you look at the driver of cost under  
26855 Obamacare, over the last 6 years as you see double-digit  
26856 increases, let's look at some fact, 25 percent is the average  
26857 increase in premiums this year on the Obamacare  
26858 healthcare.gov exchange -- 25 percent increases. And it is  
26859 because there is all these mandates telling you what you need  
26860 to buy as opposed to letting individuals choose what they  
26861 want to buy. That is the heart of the question.

26862           And so again, what is freedom? Freedom to me is not  
26863 under this amendment. Government is telling you what you  
26864 have to buy, even if it is things that don't work for your  
26865 family. It jacks up the cost of your health care because you  
26866 are buying stuff you don't need but they are making you buy  
26867 that stuff under this amendment.

26868           Why not let the families choose that? Do you fear  
26869 American families making their own choices, picking their own  
26870 plans, going through and saying that is something that I want  
26871 for my family, that is something I don't want? And if  
26872 Government is not telling me all these things have to be in  
26873 my plan, I actually get a lower cost. I actually get a lower  
26874 deductible. These deductibles are through the roof. And I  
26875 know we have done this over the last few days but I think we  
26876 need to go back to it because maybe people forget what real  
26877 families are dealing with.

26878           I will go back to Pamela from Mandeville. My premium  
26879 went up from \$986 per month, 57 years old and her husband who  
26880 is 56, to \$1,346 per month with a \$4,500 deductible each. It  
26881 is required to have maternity and pediatric care for a 57-  
26882 and 56-year-old. I am so frustrated. I just can't afford  
26883 this anymore. This is as much as my mortgage payment. But  
26884 you are going to tell Pamela she has still got to keep buying

26885 it, even if she doesn't want it and it doesn't even work for  
26886 her. But because you want to figure out in Washington what  
26887 somebody else needs to buy, then you don't care that they  
26888 can't afford their own health care anymore because of all  
26889 this.

26890 Let's let families make these choices. I think we  
26891 should be able to trust them a lot more than somebody up in  
26892 Washington who thinks they know best for everybody because a  
26893 one size doesn't fit all. Every family is different.

26894 And you know what? I trust that a family can make that  
26895 most personal choice a whole lot better than somebody up here  
26896 in Washington who doesn't even know their name. You might  
26897 not know families. You may not know Jeff from Slidell, who  
26898 is paying a deductible of \$12,500 per year for his health  
26899 care. That is something he can't afford. Let him buy what  
26900 he wants. He is a whole lot smarter in knowing what is good  
26901 for his family than somebody up here in Washington.

26902 So, let's give people freedom. Let's trust them to make  
26903 their own decisions and let them afford plans that work for  
26904 their family. Defeat this amendment.

26905 I yield back.

26906 Mr. Bucshon. Mr. Chairman, I urge my colleagues to vote  
26907 against this amendment. I yield back.

26908 Mr. Griffith. [Presiding.] Mr. Green from Texas.

26909 Mr. Green. I move to strike the last word and I would  
26910 like to yield my time to my colleague from Denver.

26911 Ms. DeGette. So in closing, I just want to say Pamela  
26912 and Jeff are going to be really shocked if this bill passes  
26913 and they get their insurance bill and they see the deductible  
26914 that they are going to have because what we are talking about  
26915 is the percentage that they are going to have to pay. Right  
26916 now, under the Affordable Care Act, it is a 70-to-90 percent  
26917 ratio. Under this Manager's Amendment, there is no level.  
26918 That means, theoretically, insurers could set any level of  
26919 deductible they want.

26920 And the thing that our constituents are mad about is,  
26921 aside from the insurance costs, they are mad because they buy  
26922 an insurance plan, they buy one of these bare bones plans,  
26923 and then they get in a car accident and they are mad because  
26924 they have this big deductible.

26925 Under this bill, it is going to be even worse and I am  
26926 here to tell you guys if this is the problem that you are  
26927 trying to address and we don't fix it and this bill somehow  
26928 becomes law, then they are going to be at your doorstep and  
26929 they are going to be mad.

26930 I yield back and I ask for a yes vote.

26931 I yield back to Gene.

26932 Mr. Green. I just want to know from Congressman Scalise  
26933 is this the Boudreaus or the Thibodeaus?

26934 Mr. Scalise. It is a whole lot more than the Boudreaus  
26935 and Thibodeaus and they make really good crawfish. They just  
26936 don't want government bureaucrats or somebody in Washington  
26937 telling them what they can or can't buy. They can do a lot  
26938 better on their own.

26939 Mr. Green. I will reclaim my time and give it to my  
26940 colleague from Maryland.

26941 Mr. Sarbanes. I thank the gentleman for yielding.

26942 I was noticing last night Republicans were telling a  
26943 whole set of stories and we were telling a whole set of  
26944 stories. And the difference between them was Republican  
26945 stories were all about people's frustration with the premiums  
26946 and the cost of the plans. Our stories were all about the  
26947 benefit of the ACA when people actually had to use the  
26948 coverage that they had purchased.

26949 And if you are just looking at it in terms of the front  
26950 end of the equation, sort of what it is costing and you don't  
26951 yet know whether the coverage that you have bought is  
26952 actually going to do the job for you, you are missing half  
26953 the picture. So, we are concerned about what happens when

26954 people actually have to access this coverage and whether it  
26955 is sufficient, whether all the protections are in place,  
26956 whether it is actuarial sound and so forth. But even if we  
26957 were only concerned with the issue of the premium side, the  
26958 cost side, without even getting to the use of the coverage,  
26959 we would still want to reject this repeal proposal because it  
26960 is actually putting an extra burden on when you look at the  
26961 fact that these supports to reduce the cost of deductibles  
26962 and copayments that that is being pulled away, when you look  
26963 at the fact that the credits being offered are significantly  
26964 downgraded from the credits that are being offered now, when  
26965 you look at the fact that the age rating guardrails are going  
26966 away.

26967 So even just by the analysis of what is good on the  
26968 front end, in terms of the cost, the out-of-pocket costs for  
26969 people, the repeal that is being proposed doesn't solve that  
26970 problem for them. But just as importantly, the coverage that  
26971 they can actually access when they do get sick and need it is  
26972 a critical focus and that is why we have got to look at the  
26973 actuarial soundness of these plans.

26974 And I yield back.

26975 Mr. Green. Mr. Chairman, I yield back.

26976 Mr. Griffith. I thank the gentleman. The gentleman has

26977 yielded back.

26978 Do we have anybody on this side who wishes to speak?

26979 Mr. Cardenas, the gentleman from California has the floor.

26980 Mr. Cardenas. Thank you, Mr. Chairman.

26981 I think it is important that people soak in what  
26982 Congressman Sarbanes just mentioned a minute ago. We have  
26983 been here for over 24 hours, far beyond that, but I think it  
26984 is important to understand and listen that Americans or human  
26985 beings never want to pay for something that they are not  
26986 going to use at that moment. Nobody wants to pay car  
26987 insurance. Nobody wants to pay homeowners insurance. Nobody  
26988 wants to pay healthcare insurance.

26989 My daughter, for example, she got married and her and  
26990 her husband were going to get health care because they both  
26991 decided to leave their jobs and venture into doing other  
26992 things, opening his own business and things of that nature.  
26993 So they had to go out and buy their insurance where before  
26994 they always got it from their employer.

26995 And my daughter was like oh my God, it is so expensive.  
26996 And then when she told me the amount, I was like are you  
26997 kidding me? That is not much at all.

26998 And so they go their insurance like they are supposed to  
26999 and they stopped complaining. But a couple years later, they

27000 are blessed to have a child. I am proud to say that I am a  
27001 grandfather. But let me tell you, when I looked in her eyes  
27002 after we got over the glow of the few days together and I  
27003 said mi hija, how do you feel about that insurance now? No  
27004 complaints whatsoever. Not one. Not one.

27005 It is just like when somebody gets into a car accident.  
27006 Everybody is complaining about writing that check every month  
27007 but if they ever, heaven forbid, have to use that insurance  
27008 after they get into a car accident, my gosh, there aren't  
27009 words to describe how grateful they are.

27010 And one of the things that Congressman Sarbanes just  
27011 pointed out, and I am glad he did, is because we have been --  
27012 it is like a Tale of Two Cities here. The Democrats have  
27013 been talking about how people are so grateful and glad, once  
27014 they realize that after their daughter had a catastrophic  
27015 illness, that that insurance actually helped their daughter,  
27016 got her daughter to be healthy but, at the same time, they  
27017 weren't thrown out on the streets having to pay the  
27018 deductibles that were in existence and legally allowed for  
27019 the insurance companies to charge before the ACA.

27020 I will mention again a gentleman came to my town -- my  
27021 forum in my district a couple of weeks ago and he started off  
27022 by complaining that he is paying 25 percent more today for

27023 his insurance than he used to but then he also mentioned that  
27024 he had four hospital stays and three surgeries. And I said  
27025 well, sir, can you describe to me if that would have happened  
27026 maybe 10 years ago or what have you, what would the insurance  
27027 company have done? How much would you have had to pay in  
27028 deductibles? He stopped me in my mid-sentence and he said  
27029 oh, my God, they would have taken away my house.

27030 So basically, what we have been to explain here is for  
27031 the first time in the United States of America, we have  
27032 health care geared toward making sure that if you ever need  
27033 your insurance, you are not going to be thrown out on the  
27034 street or you are going to have to pay for the bills for the  
27035 rest of your life -- for the rest of your left.

27036 Don't forget, ladies and gentleman, in the old days  
27037 before the Affordable Care Act, if you had to go to the  
27038 hospital like this gentleman did, you would have \$100,000,  
27039 \$200,000, \$300,000, maybe you blow through the million dollar  
27040 cap and all of a sudden the second million is on you. That  
27041 is not allowed anymore. And if I am wrong, I would love for  
27042 anybody on this dais to correct me. That is not allowed  
27043 anymore.

27044 Mr. Johnson. Would the gentleman yield?

27045 Mr. Cardenas. Sure.

27046 Mr. Johnson. I will be glad to give you some examples.  
27047 It might not be million dollars but to people that live in  
27048 Appalachia, Ohio, \$20,000 is like a million dollars. And  
27049 when you get a \$20,000 hospital bill when you were expecting  
27050 to be able to keep your insurance and keep your doctor, that  
27051 is just as bad.

27052 Mr. Cardenas. I will reclaim my time.

27053 Thank you very much for that example. So you just  
27054 reminded me to remind all of us about another thing. If that  
27055 person in Appalachia had to pay \$20,000 and thank God they  
27056 still have their life to speak of but, at the same time, they  
27057 could still get insurance the next day. Back in the good old  
27058 days before the Affordable Care Act, when that person had  
27059 that catastrophic injury, they couldn't find insurance.  
27060 Twenty thousand dollars wouldn't be enough to pay for their  
27061 insurance just for 1 year. Heaven forbid they would ever  
27062 need it again.

27063 Again, families couldn't even get insurance because one  
27064 of their children actually had asthma. Americans don't  
27065 believe that that is a precondition. It is. It is.

27066 So yes, there is a lot of reasons why many of us are  
27067 against this bill that is before us today because it is  
27068 taking us backwards, not to the good old days but the

27069 catastrophic days.

27070 I yield back.

27071 Mr. Griffith. I thank the gentleman.

27072 Any further members seeking recognition? If no further

27073 members are seeking recognition, the question occurs on the

27074 amendment and there has been a request for a recorded vote.

27075 So, the clerk will call the roll.

27076 The Clerk. Mr. Barton.

27077 [No response.]

27078 The Clerk. Mr. Upton.

27079 Mr. Upton. Votes no.

27080 The Clerk. Mr. Upton votes no.

27081 Mr. Shimkus.

27082 Mr. Shimkus. No.

27083 The Clerk. Mr. Shimkus votes no.

27084 Mr. Murphy.

27085 [No response.]

27086 The Clerk. Mr. Burgess.

27087 [No response.]

27088 The Clerk. Mrs. Blackburn.

27089 Mrs. Blackburn. No.

27090 The Clerk. Mrs. Blackburn votes no.

27091 Mr. Scalise.

27092	<u>Mr. Scalise.</u>	No.
27093	The Clerk.	Mr. Scalise votes no.
27094	Mr. Latta.	
27095	<u>Mr. Latta.</u>	No.
27096	The Clerk.	Mr. Latta votes no.
27097	Mrs. McMorris	Rodgers.
27098	<u>Mrs. McMorris</u>	Rodgers. No.
27099	The Clerk.	Mrs. McMorris Rodgers votes no.
27100	Mr. Harper.	
27101	<u>Mr. Harper.</u>	No.
27102	The Clerk.	Mr. Harper votes no.
27103	Mr. Lance.	
27104	<u>Mr. Lance.</u>	No.
27105	The Clerk.	Mr. Lance votes no.
27106	Mr. Guthrie	
27107	<u>Mr. Guthrie.</u>	No.
27108	The Clerk.	Mr. Guthrie votes no.
27109	Mr. Olson.	
27110	[No response.]	
27111	The Clerk.	Mr. McKinley.
27112	<u>Mr. McKinley.</u>	No.
27113	The Clerk.	Mr. McKinley votes no.
27114	Mr. Kinzinger.	

27115	<u>Mr. Kinzinger.</u>	No.
27116	The Clerk.	Mr. Kinzinger votes no.
27117	Mr. Griffith.	
27118	<u>Mr. Griffith.</u>	No.
27119	The Clerk.	Mr. Griffith votes no.
27120	Mr. Bilirakis.	
27121	<u>Mr. Bilirakis.</u>	No.
27122	The Clerk.	Mr. Bilirakis votes no.
27123	Mr. Johnson.	
27124	<u>Mr. Johnson.</u>	No. The Clerk. Mr. Johnson votes no.
27125	Mr. Long.	
27126	<u>Mr. Long.</u>	No.
27127	The Clerk.	Mr. Long votes no.
27128	Mr. Bucshon.	
27129	<u>Mr. Bucshon.</u>	No.
27130	The Clerk.	Mr. Bucshon votes no.
27131	Mr. Flores.	
27132	<u>Mr. Flores.</u>	No.
27133	The Clerk.	Mr. Flores votes no.
27134	Mrs. Brooks.	
27135	<u>Mrs. Brooks.</u>	No.
27136	The Clerk.	Mrs. Brooks votes no.
27137	Mr. Mullin.	

27138	<u>Mr. Mullin.</u>	No.
27139	The Clerk.	Mr. Mullin votes no.
27140	Mr. Hudson.	
27141	<u>Mr. Hudson.</u>	No.
27142	The Clerk.	Mr. Hudson votes no.
27143	Mr. Collins.	
27144	<u>Mr. Collins.</u>	No.
27145	The Clerk.	Mr. Collins votes no.
27146	Mr. Cramer.	
27147	<u>Mr. Cramer.</u>	No.
27148	The Clerk.	Mr. Cramer votes no.
27149	Mr. Walberg.	
27150	<u>Mr. Walberg.</u>	No.
27151	The Clerk.	Mr. Walberg votes no.
27152	Mrs. Walters.	
27153	<u>Mrs. Walters.</u>	No.
27154	The Clerk.	Mrs. Walters votes no.
27155	Mr. Costello.	
27156	<u>Mr. Costello.</u>	No.
27157	The Clerk.	Mr. Costello votes no.
27158	Mr. Carter.	
27159	<u>Mr. Carter.</u>	No.
27160	The Clerk.	Mr. Carter votes no.

27161 Mr. Pallone.

27162 Mr. Pallone. Votes aye.

27163 The Clerk. Mr. Pallone votes aye.

27164 Mr. Rush.

27165 [No response.]

27166 The Clerk. Ms. Eshoo.

27167 Ms. Eshoo. Aye.

27168 The Clerk. Ms. Eshoo votes aye.

27169 Mr. Engel.

27170 Mr. Engel. Aye.

27171 The Clerk. Mr. Engel votes aye.

27172 Mr. Green.

27173 Mr. Green. Aye.

27174 The Clerk. Mr. Green votes aye.

27175 Ms. DeGette.

27176 Ms. DeGette. Aye.

27177 The Clerk. Ms. DeGette votes aye.

27178 Mr. Doyle.

27179 Mr. Doyle. Yes.

27180 The Clerk. Mr. Doyle votes aye.

27181 Ms. Schakowsky.

27182 Ms. Schakowsky. Aye.

27183 The Clerk. Ms. Schakowsky votes aye.

27184 Mr. Butterfield.  
27185 Mr. Butterfield. Aye.  
27186 The Clerk. Mr. Butterfield votes aye.  
27187 Ms. Matsui.  
27188 Ms. Matsui. Aye.  
27189 The Clerk. Ms. Matsui votes aye.  
27190 Ms. Castor.  
27191 Ms. Castor. Aye.  
27192 The Clerk. Ms. Castor votes aye.  
27193 Mr. Sarbanes.  
27194 Mr. Sarbanes. Aye.  
27195 The Clerk. Mr. Sarbanes votes aye.  
27196 Mr. McNerney.  
27197 Mr. McNerney. Aye.  
27198 The Clerk. Mr. McNerney votes aye.  
27199 Mr. Welch.  
27200 [No response.]  
27201 The Clerk. Mr. Lujan.  
27202 Mr. Lujan. Aye.  
27203 The Clerk. Mr. Lujan votes aye.  
27204 Mr. Tonko.  
27205 Mr. Tonko. Aye.  
27206 The Clerk. Mr. Tonko votes aye.

27207 Ms. Clarke.

27208 [No response.]

27209 The Clerk. Mr. Loeb sack.

27210 Mr. Loeb sack. Aye.

27211 The Clerk. Mr. Loeb sack votes aye.

27212 Mr. Schrader.

27213 Mr. Schrader. Aye.

27214 The Clerk. Mr. Schrader votes aye.

27215 Mr. Kennedy.

27216 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

27217 Mr. Cardenas.

27218 Mr. Cardenas. Aye.

27219 The Clerk. Mr. Cardenas votes aye.

27220 Mr. Ruiz.

27221 [No response.]

27222 The Clerk. Mr. Peters.

27223 Mr. Peters. Aye.

27224 The Clerk. Mr. Peters votes aye.

27225 Mrs. Dingell.

27226 Mrs. Dingell. Aye.

27227 The Clerk. Mrs. Dingell votes aye.

27228 Chairman Walden.

27229 The Chairman. Votes no.

27230 The Clerk. Chairman Walden votes no.

27231 The Chairman. [Presiding.] Are there other members  
27232 wishing to be recorded?

27233 The chair recognizes the gentleman from Pennsylvania.

27234 Mr. Murphy. No.

27235 The Clerk. Mr. Murphy votes no.

27236 The Chairman. The gentleman from Texas, Mr. Burgess.

27237 Mr. Burgess. No.

27238 The Clerk. Mr. Burgess votes no.

27239 The Chairman. The gentleman from Texas, Mr. Olson.

27240 Mr. Olson. Olson votes no.

27241 The Clerk. Mr. Olson votes no.

27242 The Chairman. Okay, are there any other members wishing  
27243 to be recorded? Anybody? Do you have any other members?  
27244 There are like four.

27245 Mr. Butterfield, you are recorded, right, sir?

27246 Mr. Butterfield. Yes.

27247 The Chairman. Okay, any others?

27248 All right, the clerk will report the tally.

27249 The Clerk. Mr. Chairman, on that vote there were 20  
27250 ayes and 30 noes.

27251 The Chairman. I am sorry. What was the tally?

27252 The Clerk. Twenty ayes and thirty noes.

27253 The Chairman. Oh, wait a minute. Just in time. Ms.  
27254 Clarke, I don't believe you are recorded and I think you are  
27255 a yes.

27256 Ms. Clarke. I vote aye.

27257 The Clerk. Ms. Clarke votes aye.

27258 The Chairman. Now what is the total?

27259 The Clerk. Mr. Chairman, on that vote there were 21  
27260 ayes and 30 nays.

27261 The Chairman. Twenty-one to thirty, the amendment is  
27262 not adopted.

27263 Are there other members seeking to offer an amendment?

27264 The chair recognizes his friend from New York, Mr.  
27265 Engle. For what purpose?

27266 Mr. Engel. Thank you, Mr. Chairman. I have an  
27267 amendment at the desk. It is Amendment number 159.

27268 [The Amendment offered by Mr. Engel follows:]

27269

27270 \*\*\*\*\*INSERT 41\*\*\*\*\*

27271 The Chairman. One-five-nine. Now serving Amendment  
27272 number 159.

27273 Okay, the clerk will report the amendment. We will make  
27274 sure it is the right one because -- do we have the right  
27275 amendment?

27276 What is it on, Mr. Elliott?

27277 Mr. Engel. It is hospitals.

27278 The Chairman. Hospitals. Okay, the clerk will report  
27279 the amendment.

27280 The Clerk. Amendment to the Amendment in the Nature of  
27281 a Substitute to the Committee Print Offered by Mr. Engel.

27282 The Chairman. We will dispense with further reading of  
27283 the amendment and I recognize the gentleman from New York,  
27284 Mr. Engel, for 5 minutes to speak on his amendment.

27285 Mr. Engel. Thank you, Mr. Chairman.

27286 My amendment would require CMS to perform an independent  
27287 assessment of how this bill's Medicaid policy changes would  
27288 affect local hospitals prior to implementation. CMS would  
27289 need to demonstrate that Republican's Medicaid changes will  
27290 not force hospitals into the red or to close their doors.

27291 There is nothing unreasonable about such an assessment.  
27292 Every single member on this committee should want to know,  
27293 beyond a shadow of a doubt, that this bill won't threaten the

27294 hospitals that their constituents depend on.

27295           There is only one possible outcome when you take away  
27296 people's insurance coverage -- newly uninsured Americans will  
27297 turn to hospital emergency rooms. And when hospitals treat  
27298 these newly uninsured Americans, they take a financial hit.  
27299 Where will Americans go if their local hospital has to fold,  
27300 to one that is less convenient? I am from New York City and  
27301 I think that is outrageous. Just imagine how Americans in  
27302 rural areas will feel if they are forced to travel even  
27303 further during an emergency.

27304           And hurting our hospitals doesn't just hurt the patients  
27305 who rely on them. It hurts the economy.

27306           In New York, our hospital and health systems generate  
27307 more than \$24 billion annually. They are also responsible  
27308 for hundreds of thousands of jobs. If we push hospitals into  
27309 the red or force them to close altogether, we are shutting  
27310 down major economic engines on top of harming patients.

27311           With respect to the Republican repeal bill, which won't  
27312 maintain current levels of insurance coverage, the American  
27313 Hospital Association said this, and I quote them: resources  
27314 need to be returned to hospitals and health systems in order  
27315 to provide services to what will likely be an increased  
27316 number of uninsured Americans.

27317           Let me read an excerpt from America's Essential  
27318           Hospitals' Statement on this bill.

27319           Could we have some order, Mr. Chairman?

27320           So let me read an excerpt from America's Essential  
27321           Hospitals' Statement on this bill and I quote them. This  
27322           legislation could place a heavy burden on the safety net by  
27323           reducing federal support for Medicaid expansion over time and  
27324           imposing per capita caps on the program. And I am still  
27325           quoting: these changes alone could result in deep funding  
27326           cuts for essential hospitals which now operate with little or  
27327           no margin. Continuing to quote, our hospitals could not  
27328           sustain such reductions without scaling back services or  
27329           eliminating jobs.

27330           This bill delivers a serious blow to safety net  
27331           hospitals' finances and that, in turn, is a blow to the  
27332           communities who rely on them. There is no reason that any  
27333           member should oppose this amendment to make sure that doesn't  
27334           happen.

27335           So I urge my colleagues to support this amendment. And  
27336           I will yield back, if nobody wants my time.

27337           Mr. Pallone. Mr. Chair? Mr. Engel?

27338           Mr. Engel. Mr. Pallone.

27339           Mr. Pallone. I just wanted to urge support for your

27340 amendment.

27341 I think most of us know that the hospitals have been  
27342 very big supporters of the Affordable Care Act because of the  
27343 fact that with so many people now being insured, whether it  
27344 is through the marketplace and the subsidies or through  
27345 Medicaid expansion, they have a major infusion of funds  
27346 through these payments that they would not normally get and  
27347 they have been able to reduce the number of people in the  
27348 emergency room and use the money that they have gained for a  
27349 lot of things that have made health care better quality and  
27350 new technologies. I mean I can just see that in my own  
27351 district in the hospitals that I represent.

27352 And so I think it makes sense that they are very  
27353 concerned about the Republican bill that is before us today  
27354 because, as we have said many times, the problems is a lot of  
27355 people will now become uninsured again because they lose  
27356 their subsidy if they are on individual market or they  
27357 eventually lose Medicaid as Medicaid expansion starts to  
27358 disappear.

27359 They do not want to see an increase in the uncompensated  
27360 care and a return to the emergency room. It is not good for  
27361 the patients and it is certainly not good for their bottom  
27362 line.

27363           So I think it is very important that we support this  
27364 amendment because we know the negative impact that the bill  
27365 before us, the Republican repeal bill will have on the  
27366 healthcare system in general and on all the things that we  
27367 are concerned about in terms of people losing their  
27368 insurance, higher premiums and loss of funding that is so  
27369 crucial to the hospitals.

27370           I yield back.

27371           Mr. Burgess. [Presiding.] The chair would ask of the  
27372 gentlemen from New York if he --

27373           Mr. Engel. Yes, I yield back.

27374           Mr. Burgess. Well did you have a unanimous consent  
27375 request that we missed during the changing of the guard? Had  
27376 you made a unanimous -- I thought I heard a unanimous consent  
27377 request.

27378           Mr. Engel. No.

27379           Mr. Burgess. Okay, very well. The gentleman yields  
27380 back. The chair thanks the gentleman.

27381           The chair recognizes the gentleman from West Virginia,  
27382 Mr. McKinley. Or for what purpose does the gentleman from  
27383 West Virginia seek recognition?

27384           Mr. McKinley. To speak in opposition.

27385           Mr. Burgess. The gentleman is recognized. Does the

27386 gentleman move to strike the requisite number of words?

27387 Mr. McKinley. Yes.

27388 Mr. Burgess. The gentleman is recognized for 5 minutes.

27389 Mr. McKinley. Mr. Chairman, I think the premise here is  
27390 trusting the CMS on what they have done or how they would  
27391 make the projections but we also have to put things in  
27392 context back with the ACA.

27393 I have pulled up an article that was put out by National  
27394 Rural Health Association representing the rural hospitals  
27395 across America. And they made several statements here that I  
27396 thought were worth consideration, given the situation we are  
27397 dealing with. And it says some of the regulations that were  
27398 implemented are actually harming rural America and not  
27399 fulfilling the ultimate goals of the ACA.

27400 Then it goes on to say that despite the well intentions  
27401 of the ACA, have really fallen short and may actually be  
27402 exacerbating the hospital closure crisis.

27403 So having said that with their articles, I think we all  
27404 understand the role the hospitals play in a community. For  
27405 those of us in rural America, I get a kick out of when I hear  
27406 the speaker talk about Janesville like it is just a little  
27407 tiny town. Janesville is twice the size of any community I  
27408 have in my district. It is 60,000 some people. So, we

27409 understand the role of hospitals but we also have to  
27410 understand how CMS has made the predictions how this was  
27411 going to help out years ago, when the ACA was put in place.

27412 So I am having some suspicion, some doubts about that.  
27413 I think something could be worked out but we have to  
27414 understand first with the ACA, as an example, I know of a  
27415 250-bed hospital in my district, a 250-bed hospital that the  
27416 ACA has failed so miserably that they now, still, have an \$8  
27417 million uncompensated care. And because of the changes in  
27418 the DSH payments back under Obamacare, they have to write off  
27419 \$8 million in uncompensated care and all they get in exchange  
27420 is \$350,000 in DSH payments. That doesn't seem like a very -  
27421 - that just shows why our rural hospitals are in trouble.

27422 And I could go on statistically with it that we know  
27423 that rural hospitals all across, primarily because of the  
27424 ACA, are closing in the last 7 years. They have been closing  
27425 at the rate of one a month. And at the rate they are going,  
27426 we are going to have ten percent of our hospitals close or 25  
27427 percent of our rural hospitals are going to close within 10  
27428 years. So we have an option. We have this option of this  
27429 new way because whatever has been done under the ACA, it did  
27430 not work. And it exacerbated the problem. More and more  
27431 hospitals are closing. So we have got to have an option.

27432           And so what we have is this. The bill that we have is  
27433 one that is primarily based around free market principles.  
27434 We think that people, if they can use -- if we can double  
27435 their HSA ability, that you are going to have more funds  
27436 available for that. The refundable tax credits are going to  
27437 be available for people. The high-risk pools, all of this is  
27438 going to come into place where I think what I have talked to  
27439 are the rural hospitals, they are excited about an option  
27440 because they see the ACA has failed.

27441           So, Mr. Speaker, or Mr. Chairman, I would hope that we  
27442 will defeat this amendment and move on.

27443           I yield back.

27444           Mr. Burgess. The gentleman yields back.

27445           For what purpose does the gentleman from New Jersey seek  
27446 recognition?

27447           Mr. Pallone. Strike the last word on the amendment, Mr.  
27448 Chairman.

27449           Mr. Burgess. The gentleman is recognized for 5 minutes.

27450           Mr. Pallone. And I would yield time to Mr. Engel.

27451           Mr. Engel. Thank you.

27452           Let me say to the gentleman, Mr. McKinley, if you think  
27453 that rural hospitals are closing quickly, just pass this bill  
27454 and have it become law without my amendment and I guarantee,

27455 they will close even more quickly.

27456 Uncompensated care refers to the amount of care  
27457 hospitals provide for which they receive no payment, either  
27458 from a patient or an insurer. A study by the Georgetown  
27459 University Health Policy Institute found that, and I quote  
27460 it, compared to non-expansion States, States that have  
27461 expanded Medicaid have seen major reductions in uncompensated  
27462 care delivered by safety net institutions, significant drops  
27463 in the number of uninsured residents, and budget savings for  
27464 hospitals and community health clinics. We also know that  
27465 the Republican repeal bill slowly but surely kills the  
27466 Medicaid expansion that helps States reduce their uninsured  
27467 rates.

27468 In New York, for example, that rate was cut in half. We  
27469 know that the 2.2 million New Yorkers who enrolled in  
27470 Medicaid under the ACA's expansion now stand to lose  
27471 coverage. And we know where these newly uninsured Americans  
27472 will turn, to our hospitals, who will afford each and every  
27473 person the best care possible but will do so at a tremendous  
27474 loss.

27475 So I think it is quite evident that without this  
27476 amendment, hospitals are going to close. People are going to  
27477 go to them, to their emergency rooms and go to them for help.

27478 And there will be less and less help. People will have to  
27479 travel further and further, all because we don't do anything  
27480 to help these hospitals under this bill.

27481 Would anybody like some time?

27482 Mr. Pallone. Mr. Butterfield? Oh.

27483 Mr. Butterfield. Mr. Engel?

27484 Mr. Pallone. Which one? Do you want Mr. Butterfield?

27485 Mr. Engel. Mr. Butterfield.

27486 Mr. Butterfield. Thank you very much, Mr. Engel, for  
27487 yielding time and thank you for this amendment.

27488 I am pleased to speak in support of your amendment that  
27489 would require that the Medicaid provisions in this bill do  
27490 not negatively impact hospitals like the one in my  
27491 congressional district in Belhaven, North Carolina, that was  
27492 forced -- forced to close because my State's then-Republican  
27493 Governor and Legislature did not expand Medicaid.

27494 This bill blocks new States from expanding their  
27495 Medicaid programs beyond the year 2020, converts Medicaid  
27496 into a per capita cap funding structure that will,  
27497 inevitably, result in the rationing of care. The bill also  
27498 eliminates Medicaid expansion that has helped millions of  
27499 Americans to gain affordable coverage.

27500 The bill removes the mandate that Medicaid cover all

27501 essential health benefits and imposes a 30 percent  
27502 reinsurance penalty that goes straight into the pockets of  
27503 the insurers -- may I have some water, please?

27504 All right, let me try that one again. Imposes a 30  
27505 percent reinsurance penalty that goes straight into the  
27506 pockets of the insurers for individuals who, for any reason,  
27507 are unable to maintain coverage.

27508 Colleagues, since the year 2010, 80 rural hospitals have  
27509 closed throughout the country. And in my district, it closed  
27510 because of the refusal of the State to expand Medicaid.  
27511 Seventy-five percent of those hospitals are located in States  
27512 where Medicaid was not expanded through the ACA. One of  
27513 those hospitals, as I mentioned, was located in my district.  
27514 The closure of the hospital has left a large void in Eastern  
27515 North Carolina. There is a 130-mile gap between hospitals in  
27516 Northeastern Beaufort County and Hyde Counties. More than  
27517 15,000 people in the region no longer have access to  
27518 emergency room care in times of need.

27519 On July 7, 2014, Portia Gibbs from Hyde County lost her  
27520 life. Just 5 days earlier, the hospital in Belhaven had just  
27521 closed. Had it remained open, she could have reached care  
27522 quickly and possibly could have been saved. Because of the  
27523 closer, first responders tried to transport her by way of

27524 helicopter to a hospital in Greenville, 75 miles away. She  
27525 did not make it.

27526 People in Eastern North Carolina deserve to have health  
27527 care when they are in need.

27528 Since the closure, the Belhaven community has advocated  
27529 for a new hospital to provide emergency room services. In  
27530 fact, the Mayor of Belhaven has twice walked here to  
27531 Washington, D.C. 300 miles to -- and he is a Republican, to  
27532 advocate for Medicaid expansion.

27533 Too many lives are lost unnecessarily because of the  
27534 lack of health options. The expansion of Medicaid under the  
27535 ACA has helped stem the tide of the closure of rural  
27536 hospitals. Let's keep these rural hospitals open. Let's  
27537 expand Medicaid to give them that opportunity.

27538 Thank you and I yield back.

27539 Mr. Burgess. The chair thanks the gentlemen. The  
27540 gentleman yields back.

27541 Does anyone on the Republican side -- for what purpose  
27542 does the gentleman from Oklahoma seek recognition?

27543 Mr. Mullin. I move to strike the last word.

27544 Mr. Burgess. The gentleman is recognized for 5 minutes.

27545 Mr. Mullin. It is not too often that my colleague from  
27546 North Carolina and I agree on something but we do agree on

27547 keeping our rural hospitals open.

27548 I have 36 rural hospitals in my district and 41 percent  
27549 of rural hospitals right now are operating at a loss. Now  
27550 where we and my colleague from North Carolina disagree on is  
27551 he takes the position that it is because they didn't open an  
27552 exchange in their State. Well, the fact is --

27553 Mr. Butterfield. No, they didn't expand Medicaid.

27554 Mr. Mullin. They didn't expand Medicaid. The fact is,  
27555 it was forced upon them by Obamacare. What is forcing them  
27556 to take a loss is the lack of the DSH fund reimbursements.  
27557 What drove up the rates and a disproportionate amount of  
27558 individuals in rural parts of the country to go to them is  
27559 because they have been forced on Medicaid because their  
27560 insurance plan is no longer available for them to have.

27561 So now these hospitals are in a situation to where they  
27562 are taking a loss because 80 to 90 percent of the people  
27563 walking inside there are on Medicaid. Forty-one percent.  
27564 Forty-one percent of rural hospitals right now are operating  
27565 at a loss. Eighty, as my colleague from North Carolina  
27566 stated, have already closed.

27567 What we are trying to do is fix that and that is what we  
27568 do through this plan. We increase the DSH funds. We allow  
27569 those hospitals in rural parts of the country to stabilize.

27570 We are here to make it better and that is what we are trying  
27571 to do.

27572 And I would look forward to working with my colleague  
27573 from North Carolina, if that is what his intentions are  
27574 because it sounds like we both represent rural districts.

27575 But this is moving in the right direction.

27576 Mr. Butterfield. Would you yield? We have that in  
27577 common and I would like to work with you on that because when  
27578 this hospital, Vidant Hospital acquired this hospital, they  
27579 were assuming that Medicaid was going to expand. But then we  
27580 got the Supreme Court decision that made it optional for the  
27581 States and the State did not expand and the business model  
27582 fell apart.

27583 Mr. Mullin. Well, my colleague, I think we just found  
27584 something that maybe you and I can talk about because it is  
27585 about getting it right for the American people.

27586 Mr. Butterfield. Thank you, sir.

27587 Mr. Loeb sack. Would you yield? Would you yield to me,  
27588 please?

27589 Mr. Mullin. Just because I like you, Dave.

27590 Mr. Loeb sack. Thank you so much, Markwayne. I  
27591 appreciate that. That is why I asked. Thanks.

27592 Thank you so much. We do have a fundamental

27593 disagreement about what would happen if this bill were to be  
27594 passed to these rural hospitals.

27595 I didn't plan to speak on this so I don't have prepared  
27596 remarks. All I can say is in Iowa we have over 80 rural  
27597 hospitals and Medicaid has been very, very important for  
27598 them. The charity care was already mentioned, the importance  
27599 of reducing charity care or non-compensated care.

27600 I mentioned yesterday that this is three of my rural  
27601 hospitals. I have 24 counties and almost every one of them  
27602 has not quite as many as yours but almost every one of them  
27603 has a rural hospital, a critical access hospital. And in  
27604 every single case, these folks, the administrators there have  
27605 told me that if the Affordable Care Act is repealed, that  
27606 that is going to put a tremendous amount of budgetary  
27607 pressure on them and they are not sure that they can keep  
27608 their doors open and we know what that is going to do for  
27609 patient access, obviously.

27610 Mr. Mullin. Reclaiming my time, I am talking to the  
27611 same hospital directors and they are saying just the  
27612 opposite. If we don't do something about these DSH funds,  
27613 that they are going to be forced to close.

27614 Remember right now 41 percent of rural hospitals are  
27615 operating at a loss.

27616 Mr. Loeb sack. Right.

27617 Mr. Mullin. They are closing at an alarming rate and  
27618 that has been increasing since Obamacare was enacted.

27619 I will yield back.

27620 Mr. Burgess. The chairman thanks the gentleman. The  
27621 gentleman yields back.

27622 For what purposes does the gentle lady from California  
27623 seek recognition?

27624 Ms. Eshoo. To strike the last word.

27625 Mr. Burgess. The gentle lady is recognized for 5  
27626 minutes.

27627 Ms. Eshoo. Thank you, Mr. Chairman.

27628 I just want to make an observation and it is the  
27629 following. The California Hospital Association, CHA, has  
27630 come to D.C. to meet with all members of the California  
27631 congressional delegation. And while most members may not  
27632 realize it, we have many, many rural areas in California.

27633 But the CHA, California Hospital Association, has been  
27634 urging members of the delegation, Republicans and Democrats,  
27635 to continue to support the Affordable Care Act because of the  
27636 salutatory affect it has had on hospitals throughout  
27637 California.

27638 So you know there is a mix on the take. Now, we didn't

27639 ask them to come. They came on their own and have instructed  
27640 us -- in fact, they have given us all the figures for  
27641 hospitals both before and after the Affordable Care Act.

27642 So I think that since this amendment is about hospitals,  
27643 we are a nation state, the largest State, the most populous  
27644 State in the Union and that California Hospital Association's  
27645 recommendation I think is really a weighty one.

27646 So, I want to thank the gentleman for the amendment that  
27647 he is offering.

27648 I also placed in the record earlier in our markup, an  
27649 article that was written by the CEO of the Stanford Medical  
27650 Center, that is, Stanford University Medical Center. I  
27651 placed it in the record because I think it was -- it is worth  
27652 the read as to why there is far more stability in terms of  
27653 what was uncompensated care and how that has changed and  
27654 changed dramatically for hospitals, readmission rates, and  
27655 really all of the issues that we are all familiar with,  
27656 especially from the Health Subcommittee, or as members. You  
27657 don't have to be on the Health Subcommittee to know it from  
27658 our hospital.

27659 So, I just wanted to offer that in terms of testimony  
27660 and how important it is, I believe, to support the amendment.  
27661 And I yield the remainder of my time to Mr. Engel.

27662 Mr. Engel. Thank you.

27663 I just wanted to add one fact because, as we were having  
27664 this debate, I want to say that according to Becker's  
27665 Hospital Review, 21 hospitals closed in 2016; 18 of them were  
27666 in non-expansion States, where they wouldn't expand Medicaid  
27667 -- 16. I am sorry, 16 of them were in non-expansion States  
27668 out of the 21.

27669 So, I think it has a little bit to do with the expansion  
27670 or lack of expansion.

27671 I yield to Ms. Castor.

27672 Ms. Castor. Colleagues, if you want to protect  
27673 hospitals across America, the last thing that you want to do  
27674 is vote for the Republican bill.

27675 And I find the arguments that the Affordable Care Act  
27676 has weakened hospitals to be very untrue, in my experience  
27677 back in Florida. All of the hospitals were enthusiastic  
27678 partners in trying to get our neighbors covered with health  
27679 insurance because the last thing a hospital wants is a  
27680 patient to come in the door that is uninsured.

27681 Of course, the care providers there are going to provide  
27682 the top quality care but when it goes to the accountants, if  
27683 they are not covered with insurance, if they don't have  
27684 insurance, we are going to end up with bad debt on the

27685 hospital's bottom line, which will be passed along to  
27686 everyone who has insurance

27687 It is interesting because, like you all, I have heard  
27688 from hospitals back home. They are not shy. Here is a few  
27689 of the points they said, as we go into the Republican repeal  
27690 effort. They said what you have to do, we recommend  
27691 strongly, maintain coverage. So the bill rips coverage away  
27692 from so many of our neighbors because you undermine. You  
27693 take away the tax credits. You don't provide the support  
27694 that our families need.

27695 They say provide support for premiums. Provide adequate  
27696 financial assistance to help those in need. That is  
27697 critical. And yet this bill, we had a debate hours ago about  
27698 how our older neighbors are going to really suffer, the folks  
27699 that are age 50 to 64, it was discovered during debate, the  
27700 age rating in the bill actually isn't the five-to-one that is  
27701 printed there. It is unlimited when it goes back to States.  
27702 So, it looks like our older neighbors are really going to get  
27703 hammered.

27704 They also said please do not reduce an already  
27705 underfunded Medicaid system. Well this is the most radical  
27706 rewrite to Medicaid that we have seen in decades. Changing  
27707 to a per capita cap that doesn't grow over time in an

27708 adequate way to provide the support that our families, our  
27709 children, folks with disabilities -- I think about my  
27710 children's hospitals back home that are taking care of  
27711 children with the most complex medical needs.

27712 If you want to support our hospitals, I strongly  
27713 recommend you support Mr. Engel's amendment and you vote no  
27714 on the Republican bill.

27715 The Chairman. [Presiding.] Seeing no one else seeking  
27716 recognition, I am told we are going to go to a vote, in  
27717 accordance with an agreement with the --

27718 Mr. Welch. I just want to say this. Sorry.

27719 The Chairman. Okay, I recognize the gentlemen from  
27720 Vermont.

27721 Mr. Welch. I will be very brief but Markwayne Mullin  
27722 talked about rural hospitals in his State and we have the  
27723 same thing in Vermont. Mr. Engel has the same thing, even in  
27724 an urban district.

27725 The hospital CEOs that I spoke to said that if we  
27726 basically change the healthcare bill, as it is being proposed  
27727 now, there would be a big spike in uncompensated care. One  
27728 of the big benefits to our rural hospitals has been that the  
27729 free care that they were giving, they now get Medicaid  
27730 reimbursement. It is low reimbursement but it is better than

27731 zero and it literally has made the difference between black  
27732 ink and red ink for our hospitals.

27733 Now, with Mr. Mullin's situation, what it suggests is it  
27734 is not working for them. And this is the stranglehold we put  
27735 ourselves in by not taking time to try to figure out how to  
27736 have a bill that is going to work for the small hospitals in  
27737 his community, in Mr. Engel's community, and mine.

27738 I yield back.

27739 The Chairman. I thank the gentleman. The gentleman  
27740 yields back.

27741 The question now arises on approval of the amendment.  
27742 Those in favor will vote aye; those opposed, nay. And the  
27743 clerk will call the roll.

27744 The Clerk. Mr. Barton.

27745 Mr. Barton. No.

27746 The Clerk. Mr. Barton votes no.

27747 Mr. Upton.

27748 [No response.]

27749 The Clerk. Mr. Shimkus.

27750 Mr. Shimkus. No.

27751 The Clerk. Mr. Shimkus votes no.

27752 Mr. Murphy.

27753 Mr. Murphy. No.

27754 The Clerk. Mr. Murphy votes no.

27755 Mr. Burgess.

27756 Mr. Burgess. No.

27757 The Clerk. Mr. Burgess votes no.

27758 Mrs. Blackburn.

27759 Mrs. Blackburn. No.

27760 The Clerk. Mrs. Blackburn votes no.

27761 Mr. Scalise.

27762 Mr. Scalise. No.

27763 The Clerk. Mr. Scalise votes no.

27764 Mr. Latta.

27765 Mr. Latta. No.

27766 The Clerk. Mr. Latta votes no.

27767 Mrs. McMorris Rodgers.

27768 [No response.]

27769 The Clerk. Mr. Harper.

27770 Mrs. McMorris Rodgers. No.

27771 The Clerk. Mrs. McMorris Rodgers votes no.

27772 Mr. Harper.

27773 Mr. Harper. No.

27774 The Clerk. Mr. Harper votes no.

27775 Mr. Lance.

27776 [No response.]

27777	The Clerk.	Mr. Guthrie.
27778	<u>Mr. Guthrie.</u>	No.
27779	The Clerk.	Mr. Guthrie votes no.
27780	Mr. Olson.	
27781	<u>Mr. Olson.</u>	No.
27782	The Clerk.	Mr. Olson votes no.
27783	Mr. McKinley.	
27784	<u>Mr. McKinley.</u>	No.
27785	The Clerk.	Mr. McKinley votes no.
27786	Mr. Kinzinger.	
27787	<u>Mr. Kinzinger.</u>	No.
27788	The Clerk.	Mr. Kinzinger votes no.
27789	Mr. Griffith.	
27790	<u>Mr. Griffith.</u>	No.
27791	The Clerk.	Mr. Griffith votes no.
27792	Mr. Bilirakis.	
27793	<u>Mr. Bilirakis.</u>	No.
27794	The Clerk.	Mr. Bilirakis votes no.
27795	Mr. Johnson.	
27796	<u>Mr. Johnson.</u>	No.
27797	The Clerk.	Mr. Johnson votes no.
27798	Mr. Long.	
27799	<u>Mr. Long.</u>	No.

27800	The Clerk.	Mr. Long votes no.
27801	Mr. Bucshon.	
27802	<u>Mr. Bucshon.</u>	No.
27803	The Clerk.	Mr. Bucshon votes no.
27804	Mr. Flores.	
27805	<u>Mr. Flores.</u>	No.
27806	The Clerk.	Mr. Flores votes no.
27807	Mrs. Brooks.	
27808	<u>Mrs. Brooks.</u>	No.
27809	The Clerk.	Mrs. Brooks votes no.
27810	Mr. Mullin.	
27811	<u>Mr. Mullin.</u>	No.
27812	The Clerk.	Mr. Mullin votes no.
27813	Mr. Hudson.	
27814	<u>Mr. Hudson.</u>	No.
27815	The Clerk.	Mr. Hudson votes no.
27816	Mr. Collins.	
27817	<u>Mr. Collins.</u>	No.
27818	The Clerk.	Mr. Collins votes no.
27819	Mr. Cramer.	
27820	<u>Mr. Cramer.</u>	No.
27821	The Clerk.	Mr. Cramer votes no.
27822	Mr. Walberg.	

27823	<u>Mr. Walberg.</u>	No.
27824	The Clerk.	Mr. Walberg votes no.
27825	Mrs. Walters.	
27826	<u>Mrs. Walters.</u>	No.
27827	The Clerk.	Mrs. Walters votes no.
27828	Mr. Costello.	
27829	<u>Mr. Costello.</u>	No.
27830	The Clerk.	Mr. Costello votes no.
27831	Mr. Carter.	
27832	<u>Mr. Carter.</u>	No.
27833	The Clerk.	Mr. Carter votes no.
27834	Mr. Pallone.	
27835	<u>Mr. Pallone.</u>	Aye.
27836	The Clerk.	Mr. Pallone votes aye.
27837	Mr. Rush.	
27838	[No response.]	
27839	The Clerk.	Ms. Eshoo.
27840	<u>Ms. Eshoo.</u>	Aye.
27841	The Clerk.	Ms. Eshoo votes aye.
27842	Mr. Engel.	
27843	<u>Mr. Engel.</u>	Aye.
27844	The Clerk.	Mr. Engel votes aye.
27845	Mr. Green.	

27846 Mr. Green. Aye.

27847 The Clerk. Mr. Green votes aye.

27848 Ms. DeGette.

27849 Ms. DeGette. Aye.

27850 The Clerk. Ms. DeGette votes aye.

27851 Mr. Doyle.

27852 Mr. Doyle. Yes.

27853 The Clerk. Mr. Doyle votes aye.

27854 Ms. Schakowsky.

27855 Ms. Schakowsky. Aye.

27856 The Clerk. Ms. Schakowsky votes aye.

27857 Mr. Butterfield.

27858 Mr. Butterfield. Aye.

27859 The Clerk. Mr. Butterfield votes aye.

27860 Ms. Matsui.

27861 Ms. Matsui. Aye.

27862 The Clerk. Ms. Matsui votes aye.

27863 Ms. Castor.

27864 Ms. Castor. Aye.

27865 The Clerk. Ms. Castor votes aye.

27866 Mr. Sarbanes.

27867 Mr. Sarbanes. Aye.

27868 The Clerk. Mr. Sarbanes votes aye.

27869 Mr. McNerney.  
27870 Mr. McNerney. Aye.  
27871 The Clerk. Mr. McNerney votes aye.  
27872 Mr. Welch.  
27873 Mr. Welch. Aye.  
27874 The Clerk. Mr. Welch votes aye.  
27875 Mr. Lujan.  
27876 Mr. Lujan. Aye.  
27877 The Clerk. Mr. Lujan votes aye.  
27878 Mr. Tonko.  
27879 Mr. Tonko. Aye.  
27880 The Clerk. Mr. Tonko votes aye.  
27881 Ms. Clarke.  
27882 Ms. Clarke. Aye.  
27883 The Clerk. Ms. Clarke votes aye.  
27884 Mr. Loeb sack.  
27885 Mr. Loeb sack. Aye.  
27886 The Clerk. Mr. Loeb sack votes aye.  
27887 Mr. Schrader.  
27888 Mr. Schrader. Aye.  
27889 The Clerk. Mr. Schrader votes aye.  
27890 Mr. Kennedy.  
27891 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

27892 Mr. Cardenas.

27893 Mr. Cardenas. Aye.

27894 The Clerk. Mr. Cardenas votes aye.

27895 Mr. Ruiz.

27896 Mr. Ruiz. Aye.

27897 The Clerk. Mr. Ruiz votes aye.

27898 Mr. Peters.

27899 Mr. Peters. Aye.

27900 The Clerk. Mr. Peters votes aye.

27901 Mrs. Dingell.

27902 Mrs. Dingell. Aye.

27903 The Clerk. Mrs. Dingell votes aye.

27904 Chairman Walden.

27905 The Chairman. Walden votes no.

27906 The Clerk. Chairman Walden votes no.

27907 The Chairman. Are there members not recorded? The

27908 gentleman from Michigan, Mr. Upton.

27909 Mr. Upton. Votes no.

27910 The Clerk. Mr. Upton votes no.

27911 The Chairman. The gentleman from New Jersey, Mr. Lance.

27912 Mr. Lance. No.

27913 The Clerk. Mr. Lance votes no.

27914 The Chairman. Are there other members wishing to be

27915 recorded on this amendment?

27916 Okay, the clerk will report the tally.

27917 The Clerk. Mr. Chairman, on that vote there were 23  
27918 ayes and 31 noes.

27919 The Chairman. Twenty-three ayes and thirty-one noes.  
27920 The amendment fails.

27921 The chair now recognizes the gentleman from Texas, the  
27922 vice chair of the full committee for unanimous consent  
27923 request.

27924 Mr. Barton. Yes, sir. Yes, sir.

27925 Before I do that, Mr. Chairman, I want to commend you  
27926 for your handling of your first major markup.

27927 The Chairman. Thank you.

27928 Mr. Barton. This has, literally, been a baptism of fire  
27929 and you have handled it with grace, and humor, and style, and  
27930 it bodes well for your tenure as chairman of what I think is  
27931 the best committee in the House of Representatives.

27932 The Chairman. I think it also set a record, 27 hours  
27933 nonstop. So, congratulations to all of you and to our staff.

27934 Mr. Barton. Don't give him something to shoot for, Mr.  
27935 Chairman!

27936 The Chairman. Now I would recognize the gentleman for a  
27937 U.C. request.

27938 Mr. Barton. I have two amendments at the desk, Mr.  
27939 Chairman. I think they are Barton 1 and Barton 2. I would  
27940 ask unanimous consent that we consider them both at one time,  
27941 which I think the technical term is en bloc.

27942 [The Amendment offered, en bloc, by Mr. Barton follows:]

27943

27944 \*\*\*\*\*INSERT 42\*\*\*\*\*

27945 The Chairman. Without objection, so ordered.

27946 The clerk will report the amendments -- en bloc  
27947 amendment.

27948 The Clerk. An En Bloc Amendment to the Amendment in the  
27949 Nature of a Substitute to the Committee Print Offered by Mr.  
27950 Barton.

27951 Mr. Barton. I ask unanimous consent they be considered  
27952 as read, Mr. Chairman.

27953 The Chairman. We will dispense with the reading of the  
27954 amendments.

27955 I now turn to my friend from Texas, Mr. Barton, to speak  
27956 on his amendments.

27957 Mr. Barton. I appreciate that, Mr. Chairman.

27958 These are the Barton/Blackburn/Hudson amendments. We  
27959 have three sponsors and they are very straightforward.

27960 The bill, as it is currently configured, allows the  
27961 States that expanded their Medicaid population to healthy  
27962 adults to continue that expansion until December 31st, 2019.  
27963 For all practical purposes, that is 3 years.

27964 These amendments ends that ability to expand at the end  
27965 of this year, December -- January the first 2018. So instead  
27966 of 3-year expansion continuation, my amendment would cut that  
27967 by 2 years to just 1 year.

27968           The bill is currently drafted, has no date certain that  
27969           the super Medicaid match goes back to the normal Medicaid  
27970           match. The super Medicaid match right now is 95 percent. It  
27971           does go down to 2020 by 90 percent and then it continues in  
27972           perpetuity at 90 percent.

27973           The second part, or the second amendment which is being  
27974           considered en bloc says by January the first, 2023, that  
27975           super match goes to the normal State match, whatever that  
27976           State's match is.

27977           So that is the two amendments.

27978           Now, my friends on the minority side have been asking  
27979           for CBO scores all last night and this morning. I don't have  
27980           a CBO score, Mr. Chairman, but I do have a BBO score, the  
27981           Barton Budget Office score. This is a back of an envelope  
27982           score but if you assume that there is 14 million eligibles or  
27983           current enrollees in the expanded Medicaid population and,  
27984           instead of letting that continue and perhaps expand for 3  
27985           years, you stop it after 1 year. Those 2 years that you have  
27986           stopped that expansion, according to my calculations, is  
27987           somewhere between \$82 billion and over \$100 billion in real  
27988           savings.

27989           Now, Mr. Chairman, that is real money and it would start  
27990           saving in calendar year 2018, not in calendar year 2020.

27991           So, that is the amendments. We basically take the model  
27992           in the pending bill, we end the continuation of the expansion  
27993           2 years earlier and we put a date certain on when you go back  
27994           to the Medicaid normal match of 2023, which is what the  
27995           committee staff estimates the attrition would result in going  
27996           back to the Medicaid match.

27997           With that, I want to yield to Mr. Hudson for his  
27998           comments on our joint amendment.

27999           Mr. Hudson. I thank Mr. Barton. Thank you, Mr.  
28000           Chairman, for your work on this markup.

28001           Mr. Barton, thank you for your leadership on this  
28002           amendment. Our debt and deficit are out of control. Our  
28003           debt currently stands at \$15 trillion. That is 77 percent of  
28004           GDP. Our deficit is at half a trillion dollars today. This  
28005           amendment begins the important process of reining in our  
28006           federal spending 2 years earlier than the bill in its current  
28007           form.

28008           We all agree we should take care of our most vulnerable  
28009           citizens but Medicaid is on an unsustainable path. Solutions  
28010           like the amendment we are putting forward today will ensure  
28011           we can provide sustainable, fiscally responsible, and  
28012           affordable coverage to our most vulnerable.

28013           I look forward to working with my colleagues to advance

28014 this legislation and I yield back to Mr. Barton.

28015 Mr. Barton. Let me say, Mr. Chairman, I believe Mrs.

28016 Blackburn is going to seek her own time or do you want --

28017 Mrs. Blackburn. I will go ahead with this.

28018 Mr. Barton. Okay, then I yield to the gentlelady from

28019 Tennessee.

28020 Mrs. Blackburn. Thank you, Mr. Chairman. Mr. Barton

28021 has explained the amendment. I want to thank the chairman

28022 and I want to thank the whip for working with us on this.

28023 We do think it is important to find a date certain to

28024 end the expansion and to do that this year. And then we also

28025 think it is important to have a date certain to return to

28026 that normal Medicaid match. It is the right step for our

28027 country. It is the right step as we look at the Affordable

28028 Care Act repeal and replacement.

28029 And with that, Mr. Barton, I am going to yield back the

28030 balance of my time to you to close.

28031 Mr. Barton. And we have got 18 seconds. So let me say,

28032 Mr. Chairman, that the two amendments that I have just

28033 discussed have been endorsed by the Republican Study

28034 Committee. They have been endorsed by the Freedom Caucus.

28035 In the days ahead, they are going to be endorsed, I am sure,

28036 by a large number of conservative groups.

28037           The White House is considering it. They are open to it.  
28038 They are looking at it. They have not yet come out in  
28039 support of it but, in private discussions, I have received  
28040 quite a bit of positive feedback.

28041           With that, Mr. Chairman, to honor the agreement you have  
28042 made with the minority, I am going to withdraw the amendment

28043 --

28044           The Chairman. If the gentleman -- yes.

28045           Mr. Barton. I am not going to withdraw the amendment?

28046           The Chairman. No, no, no, no.

28047           Mr. Barton. Right.

28048           The Chairman. No, I know Mr. Pallone wanted to be able  
28049 to speak on it.

28050           Mr. Barton. Okay, sure.

28051           The Chairman. So, if you could yield back.

28052           Mr. Barton. I will yield back.

28053           The Chairman. Then, I will recognize Mr. Pallone.

28054 Then, you can withdraw it. I think that works better in  
28055 terms of process.

28056           Mr. Barton. My hopes were soaring, Mr. Chairman.

28057           The Chairman. I know they were. A few others were  
28058 soaring.

28059           Mr. Barton. In another way.

28060 The Chairman. Yes. So with that, the gentleman's time  
28061 has expired.

28062 Mr. Barton. I yield back the negative balance of my  
28063 time.

28064 The Chairman. There we go. I will recognize the  
28065 gentleman from New Jersey to speak on the amendment.

28066 Mr. Pallone. Thank you, Mr. Chairman. I understand  
28067 that Mr. Barton is going to withdraw the amendment. I do  
28068 want to speak in opposition.

28069 The underlying bill freezes the Medicaid expansion  
28070 population for which States can receive enhanced federal  
28071 funding. This would effectively end the Medicaid expansion  
28072 in 2020. The amendment also changes the date of this freeze  
28073 from 2020 to 2018 and ends the availability for any enhanced  
28074 match for the previously eligible Medicaid expansion  
28075 population in 2023.

28076 The amendment would end the expansion in 2018 and  
28077 eliminate States' enhanced funding for previously enrolled  
28078 beneficiaries in 2023.

28079 Of course I urge my colleagues to oppose this amendment  
28080 to protect the 11 million who are covered by the Medicaid  
28081 expansion.

28082 And I yield back.

28083 The Chairman. The gentleman yields back.

28084 The chair now recognizes the gentleman from Texas for  
28085 what purpose?

28086 Mr. Barton. Mr. Chairman I seek recognition to withdraw  
28087 my amendments.

28088 The Chairman. The gentleman seeks to withdraw his  
28089 amendment. His amendment is withdrawn.

28090 And we now move to -- for what purpose does the  
28091 gentleman from New Jersey seek recognition -- or do you want  
28092 me to do --

28093 Mr. Pallone. Mr. Chairman, I just want to make some  
28094 final remarks and thank the staff before we move to the final  
28095 vote on the substitute.

28096 I think it is clear, based on the robust debate that has  
28097 taken place over the last I guess it is 27 hours now, that  
28098 committee Democrats have serious problems with the Republican  
28099 repeal bill. This bill would rip health care away from  
28100 millions of Americans, raise costs for working families and  
28101 seniors, and lead to the rationing of care for 76 million  
28102 Americans who receive Medicaid.

28103 While I appreciate the debate we had here in committee,  
28104 this has not been a transparent process. We did not go  
28105 through regular order. The bill was posted less than 2 days

28106 before markup. No hearings were held and we don't have a CBO  
28107 score. This is not the way this process should work and this  
28108 repeal bill should be defeated.

28109 But I want to thank the staff on the committee for all  
28110 their hard work, the staff and personal offices for all their  
28111 hard work, members of this engagement, and especially the  
28112 clerks on both sides of the aisle.

28113 I yield back.

28114 The Chairman. And I would thank my colleague from New  
28115 Jersey.

28116 I recognize myself for 5 minutes.

28117 I, too, want to thank our staffs on both sides of the  
28118 aisle. They conduct themselves with incredible  
28119 professionalism, integrity, thoughtfulness, even in the heat  
28120 of battle. They can exchange messages in a most cordial way.

28121 And so I especially want to thank our Health Team, Paul,  
28122 Josh, J.P., Buck, Kristin, Caleb. And our clerks, the people  
28123 who have kept us fed and watered, and distributed the  
28124 amendments, and really the people that make all this work.

28125 You know we go back and forth. We agree, we disagree,  
28126 we do it in the best spirit that our tempers and time of day  
28127 will allow. And we get to an end product but none of it  
28128 works without all the people involved.

28129           And especially, I want to thank -- and C-SPAN, too. We  
28130 want to thank C-SPAN that makes this all public. I think  
28131 they have endured even more because they get to listen and  
28132 not participate much.

28133           And I want to thank my leads, too, with our COMMS team  
28134 and certainly Karen, and Mike, Ray Baum, and our whole team  
28135 and our personal staffs as well, and to our colleagues.  
28136 Thank you very much. You have done a marvelous job.

28137           And a really historic moment, whether you are for it or  
28138 against it, you have to admit this was a pretty big deal we  
28139 just did.

28140           And I also want to thank our House legislative counsel.  
28141 I think they drafted a few amendments that I am sorry you  
28142 didn't get to. They certainly worked with us. They have  
28143 been terrific. Frankly, as much as we go back and forth  
28144 about CBO and others -- oh, no, we have been invaded by the  
28145 former Ways and Means Committee chairman, the Speaker of the  
28146 House, we want to recognize here in our midst as well.

28147           So, Mr. Speaker, I guess you finally get to see the real  
28148 A Committee you couldn't get on, so you want to Ways and  
28149 Means.

28150           Speaker Ryan. We got done early.

28151           The Chairman. Yes, yes, that is because we have more

28152 work to do. We got it done. We got it done.

28153 So, I just want to thanks to everybody.

28154 With that, I think I have to do something official here  
28155 to -- if there is no further discussion, the vote occurs on  
28156 the Amendment in the Nature of a Substitute, as Amended.

28157 All those in favor -- and I will call the roll or have  
28158 the clerk call the roll -- shall signify by saying aye. All  
28159 those opposed, no.

28160 The clerk will call the roll.

28161 The Clerk. Mr. Barton.

28162 Mr. Barton. Aye.

28163 The Clerk. Mr. Barton votes aye.

28164 Mr. Upton.

28165 Mr. Upton. Aye.

28166 The Clerk. Mr. Upton votes aye.

28167 Mr. Shimkus.

28168 Mr. Shimkus. Aye.

28169 The Clerk. Mr. Shimkus votes aye.

28170 Mr. Murphy.

28171 Mr. Murphy. Aye.

28172 The Clerk. Mr. Murphy votes aye.

28173 Mr. Burgess.

28174 Mr. Burgess. Aye.

28175 The Clerk. Mr. Burgess votes aye.  
28176 Mrs. Blackburn.  
28177 Mrs. Blackburn. Aye.  
28178 The Clerk. Mrs. Blackburn votes aye.  
28179 Mr. Scalise.  
28180 Mr. Scalise. Aye.  
28181 The Clerk. Mr. Scalise votes aye.  
28182 Mr. Latta.  
28183 Mr. Latta. Aye.  
28184 The Clerk. Mr. Latta votes aye.  
28185 Mrs. McMorris Rodgers.  
28186 Mrs. McMorris Rodgers. Aye.  
28187 The Clerk. Mrs. McMorris Rodgers votes aye.  
28188 Mr. Harper.  
28189 Mr. Harper. Aye.  
28190 The Clerk. Mr. Harper votes aye.  
28191 Mr. Lance.  
28192 Mr. Lance. Aye.  
28193 The Clerk. Mr. Lance votes aye.  
28194 Mr. Guthrie.  
28195 Mr. Guthrie. Aye.  
28196 The Clerk. Mr. Guthrie votes aye.  
28197 Mr. Olson.

28198 Mr. Olson. Aye.

28199 The Clerk. Mr. Olson votes aye.

28200 Mr. McKinley.

28201 Mr. McKinley. Aye.

28202 The Clerk. Mr. McKinley votes aye.

28203 Mr. Kinzinger.

28204 Mr. Kinzinger. Aye.

28205 The Clerk. Mr. Kinzinger votes aye.

28206 Mr. Griffith.

28207 Mr. Griffith. Aye.

28208 The Clerk. Mr. Griffith votes aye.

28209 Mr. Bilirakis.

28210 Mr. Bilirakis. Aye.

28211 The Clerk. Mr. Bilirakis votes aye.

28212 Mr. Johnson.

28213 Mr. Johnson. Aye.

28214 The Clerk. Mr. Johnson votes aye.

28215 Mr. Long.

28216 Mr. Long. Aye.

28217 The Clerk. Mr. Long votes aye.

28218 Mr. Bucshon.

28219 Mr. Bucshon. Aye.

28220 The Clerk. Mr. Bucshon votes aye.

28221 Mr. Flores.  
28222 Mr. Flores. Aye.  
28223 The Clerk. Mr. Flores votes aye.  
28224 Mrs. Brooks.  
28225 Mrs. Brooks. Aye.  
28226 The Clerk. Mrs. Brooks votes aye.  
28227 Mr. Mullin.  
28228 Mr. Mullin. Aye.  
28229 The Clerk. Mr. Mullin votes aye.  
28230 Mr. Hudson.  
28231 Mr. Hudson. Aye.  
28232 The Clerk. Mr. Hudson votes aye.  
28233 Mr. Collins.  
28234 Mr. Collins. Aye.  
28235 The Clerk. Mr. Collins votes aye.  
28236 Mr. Cramer.  
28237 Mr. Cramer. Aye.  
28238 The Clerk. Mr. Cramer votes aye.  
28239 Mr. Walberg.  
28240 Mr. Walberg. Aye.  
28241 The Clerk. Mr. Walberg votes aye.  
28242 Mrs. Walters.  
28243 Mrs. Walters. Aye.

28244 The Clerk. Mrs. Walters votes aye.  
28245 Mr. Costello.  
28246 Mr. Costello. Aye.  
28247 The Clerk. Mr. Costello votes aye.  
28248 Mr. Carter.  
28249 Mr. Carter. Aye.  
28250 The Clerk. Mr. Carter votes aye.  
28251 Mr. Pallone.  
28252 Mr. Pallone. Votes no.  
28253 The Clerk. Mr. Pallone votes no.  
28254 Mr. Rush.  
28255 [No response.]  
28256 The Clerk. Ms. Eshoo.  
28257 Ms. Eshoo. No.  
28258 The Clerk. Ms. Eshoo votes no.  
28259 Mr. Engel.  
28260 Mr. Engel. No.  
28261 The Clerk. Mr. Engel votes no.  
28262 Mr. Green.  
28263 Mr. Green. No.  
28264 The Clerk. Mr. Green votes no.  
28265 Ms. DeGette.  
28266 Ms. DeGette. No.

28267 The Clerk. Ms. DeGette votes no.  
28268 Mr. Doyle.  
28269 Mr. Doyle. No.  
28270 The Clerk. Mr. Doyle votes no.  
28271 Ms. Schakowsky.  
28272 Ms. Schakowsky. No.  
28273 The Clerk. Ms. Schakowsky votes no.  
28274 Mr. Butterfield.  
28275 Mr. Butterfield. No.  
28276 The Clerk. Mr. Butterfield votes no.  
28277 Ms. Matsui.  
28278 Ms. Matsui. No.  
28279 The Clerk. Ms. Matsui votes no.  
28280 Ms. Castor.  
28281 Ms. Castor. No.  
28282 The Clerk. Ms. Castor votes no.  
28283 Mr. Sarbanes.  
28284 Mr. Sarbanes. No.  
28285 The Clerk. Mr. Sarbanes votes no.  
28286 Mr. McNerney.  
28287 Mr. McNerney. No.  
28288 The Clerk. Mr. McNerney votes no.  
28289 Mr. Welch.

28290	<u>Mr. Welch.</u>	No.
28291	The Clerk.	Mr. Welch votes no.
28292	Mr. Lujan.	
28293	<u>Mr. Lujan.</u>	No.
28294	The Clerk.	Mr. Lujan votes no.
28295	Mr. Tonko.	
28296	<u>Mr. Tonko.</u>	No.
28297	The Clerk.	Mr. Tonko votes no.
28298	Ms. Clarke.	
28299	<u>Ms. Clarke.</u>	No.
28300	The Clerk.	Ms. Clarke votes no.
28301	Mr. Loeb sack.	
28302	<u>Mr. Loeb sack.</u>	No.
28303	The Clerk.	Mr. Loeb sack votes no.
28304	Mr. Schrader.	
28305	<u>Mr. Schrader.</u>	No.
28306	The Clerk.	Mr. Schrader votes no.
28307	Mr. Kennedy.	
28308	<u>Mr. Kennedy.</u>	No. The Clerk. Mr. Kennedy votes no.
28309	Mr. Cardenas.	
28310	<u>Mr. Cardenas.</u>	No.
28311	The Clerk.	Mr. Cardenas votes no.
28312	Mr. Ruiz.	

28313 Mr. Ruiz. No.

28314 The Clerk. Mr. Ruiz votes no.

28315 Mr. Peters.

28316 Mr. Peters. No.

28317 The Clerk. Mr. Peters votes no.

28318 Mrs. Dingell.

28319 Mrs. Dingell. No.

28320 The Clerk. Mrs. Dingell votes no.

28321 Chairman Walden.

28322 The Chairman. Walden votes aye.

28323 The Clerk. Chairman Walden votes aye.

28324 The Chairman. The clerk will report the tally when

28325 ready.

28326 The Clerk. Mr. Chairman on that vote, there were 31

28327 ayes and 23 noes.

28328 The Chairman. Thirty-one ayes, twenty-three noes. The

28329 Amendment in the Nature of a Substitute, as Amended, is

28330 approved.

28331 I move that the committee do now approve and transmit

28332 the recommendations of this committee and all appropriate

28333 accompanying material, including additional supplemental or

28334 dissenting views to the House Committee on the Budget. And I

28335 will have a roll call vote.

28336 All those in favor will vote aye; those opposed, no.

28337 And the clerk will call the roll.

28338 The Clerk. Mr. Barton.

28339 Mr. Barton. Aye.

28340 The Clerk. Mr. Barton votes aye.

28341 Mr. Upton.

28342 Mr. Upton. Aye.

28343 The Clerk. Mr. Upton votes aye.

28344 Mr. Shimkus.

28345 Mr. Shimkus. Aye.

28346 The Clerk. Mr. Shimkus votes aye.

28347 Mr. Murphy.

28348 Mr. Murphy. Aye.

28349 The Clerk. Mr. Murphy votes aye.

28350 Mr. Burgess.

28351 Mr. Burgess. Aye.

28352 The Clerk. Mr. Burgess votes aye.

28353 Mrs. Blackburn.

28354 Mrs. Blackburn. Aye.

28355 The Clerk. Mrs. Blackburn votes aye.

28356 Mr. Scalise.

28357 Mr. Scalise. Aye.

28358 The Clerk. Mr. Scalise votes aye.

28359 Mr. Latta.

28360 Mr. Latta. Aye.

28361 The Clerk. Mr. Latta votes aye.

28362 Mrs. McMorris Rodgers.

28363 Mrs. McMorris Rodgers. Aye.

28364 The Clerk. Mrs. McMorris Rodgers votes aye.

28365 Mr. Harper.

28366 Mr. Harper. Aye.

28367 The Clerk. Mr. Harper votes aye.

28368 Mr. Lance.

28369 Mr. Lance. Aye.

28370 The Clerk. Mr. Lance votes aye.

28371 Mr. Guthrie.

28372 Mr. Guthrie. Aye.

28373 The Clerk. Mr. Guthrie votes aye.

28374 Mr. Olson.

28375 Mr. Olson. Aye.

28376 The Clerk. Mr. Olson votes aye.

28377 Mr. McKinley.

28378 Mr. McKinley. Aye.

28379 The Clerk. Mr. McKinley votes aye.

28380 Mr. Kinzinger.

28381 Mr. Kinzinger. Aye.

28382 The Clerk. Mr. Kinzinger votes aye.  
28383 Mr. Griffith.  
28384 Mr. Griffith. Aye.  
28385 The Clerk. Mr. Griffith votes aye.  
28386 Mr. Bilirakis.  
28387 Mr. Bilirakis. Aye.  
28388 The Clerk. Mr. Bilirakis votes aye.  
28389 Mr. Johnson.  
28390 Mr. Johnson. Aye.  
28391 The Clerk. Mr. Johnson votes aye.  
28392 Mr. Long.  
28393 Mr. Long. Aye.  
28394 The Clerk. Mr. Long votes aye.  
28395 Mr. Bucshon.  
28396 Mr. Bucshon. Aye.  
28397 The Clerk. Mr. Bucshon votes aye.  
28398 Mr. Flores.  
28399 Mr. Flores. Aye.  
28400 The Clerk. Mr. Flores votes aye.  
28401 Mrs. Brooks.  
28402 Mrs. Brooks. Aye.  
28403 The Clerk. Mrs. Brooks votes aye.  
28404 Mr. Mullin.

28405 Mr. Mullin. Aye.

28406 The Clerk. Mr. Mullin votes aye.

28407 Mr. Hudson.

28408 Mr. Hudson. Aye.

28409 The Clerk. Mr. Hudson votes aye.

28410 Mr. Collins.

28411 Mr. Collins. Aye.

28412 The Clerk. Mr. Collins votes aye.

28413 Mr. Cramer.

28414 Mr. Cramer. Aye.

28415 The Clerk. Mr. Cramer votes aye.

28416 Mr. Walberg.

28417 Mr. Walberg. Aye.

28418 The Clerk. Mr. Walberg votes aye.

28419 Mrs. Walters.

28420 Mrs. Walters. Aye.

28421 The Clerk. Mrs. Walters votes aye.

28422 Mr. Costello.

28423 Mr. Costello. Aye.

28424 The Clerk. Mr. Costello votes aye.

28425 Mr. Carter.

28426 Mr. Carter. Aye.

28427 The Clerk. Mr. Carter votes aye.

28428	Mr. Pallone.	
28429	<u>Mr. Pallone.</u>	Votes no.
28430	The Clerk.	Mr. Pallone votes no.
28431	Mr. Rush.	
28432	[No response.]	
28433	The Clerk.	Ms. Eshoo.
28434	<u>Ms. Eshoo.</u>	No.
28435	The Clerk.	Ms. Eshoo votes no.
28436	Mr. Engel.	
28437	<u>Mr. Engel.</u>	No.
28438	The Clerk.	Mr. Engel votes no.
28439	Mr. Green.	
28440	<u>Mr. Green.</u>	No.
28441	The Clerk.	Mr. Green votes no.
28442	Ms. DeGette.	
28443	<u>Ms. DeGette.</u>	No.
28444	The Clerk.	Ms. DeGette votes no.
28445	Mr. Doyle.	
28446	<u>Mr. Doyle.</u>	No.
28447	The Clerk.	Mr. Doyle votes no.
28448	Ms. Schakowsky.	
28449	<u>Ms. Schakowsky.</u>	No.
28450	The Clerk.	Ms. Schakowsky votes no.

28451	Mr. Butterfield.	
28452	<u>Mr. Butterfield.</u>	No.
28453	The Clerk.	Mr. Butterfield votes no.
28454	Ms. Matsui.	
28455	<u>Ms. Matsui.</u>	No.
28456	The Clerk.	Ms. Matsui votes no.
28457	Ms. Castor.	
28458	<u>Ms. Castor.</u>	No.
28459	The Clerk.	Ms. Castor votes no.
28460	Mr. Sarbanes.	
28461	<u>Mr. Sarbanes.</u>	No.
28462	The Clerk.	Mr. Sarbanes votes no.
28463	Mr. McNerney.	
28464	<u>Mr. McNerney.</u>	No.
28465	The Clerk.	Mr. McNerney votes no.
28466	Mr. Welch.	
28467	<u>Mr. Welch.</u>	No.
28468	The Clerk.	Mr. Welch votes no.
28469	Mr. Lujan.	
28470	<u>Mr. Lujan.</u>	No.
28471	The Clerk.	Mr. Lujan votes no.
28472	Mr. Tonko.	
28473	<u>Mr. Tonko.</u>	No.

28474 The Clerk. Mr. Tonko votes no.

28475 Ms. Clarke.

28476 Ms. Clarke. No.

28477 The Clerk. Ms. Clarke votes no.

28478 Mr. Loeb sack.

28479 Mr. Loeb sack. No.

28480 The Clerk. Mr. Loeb sack votes no.

28481 Mr. Schrader.

28482 Mr. Schrader. No.

28483 The Clerk. Mr. Schrader votes no.

28484 Mr. Kennedy.

28485 Mr. Kennedy. No. The Clerk. Mr. Kennedy votes no.

28486 Mr. Cardenas.

28487 Mr. Cardenas. No.

28488 The Clerk. Mr. Cardenas votes no.

28489 Mr. Ruiz.

28490 Mr. Ruiz. No.

28491 The Clerk. Mr. Ruiz votes no.

28492 Mr. Peters.

28493 Mr. Peters. No.

28494 The Clerk. Mr. Peters votes no.

28495 Mrs. Dingell.

28496 Mrs. Dingell. No.

28497 The Clerk. Mrs. Dingell votes no.

28498 Chairman Walden.

28499 The Chairman. Walden votes aye.

28500 The Clerk. Chairman Walden votes aye.

28501 The Chairman. The clerk will report the tally.

28502 The Clerk. Mr. Chairman, on that vote, there were 31

28503 ayes and 23 nays.

28504 The Chairman. Thirty-one ayes, twenty-three nays. The

28505 ayes appear to have it. The ayes have it and the motion to

28506 transmit is agreed to.

28507 Now, we have one more piece of business to deal with, as

28508 per our notice. So at this point, the chair calls up. H.

28509 Res. 154 and asks the clerk to report.

28510 [H. Res. 154 follows:]

28511

28512 \*\*\*\*\*COMMITTEE INSERT 43\*\*\*\*\*

28513           The Clerk. H. Res. 154 of inquiring requesting the  
28514           President of the United States and directing the Secretary of  
28515           Health and Human Services to transmit certain information to  
28516           the House of Representatives relating to plans to repeal or  
28517           replace the Patient Protection and Affordable Care Act and  
28518           the health-related measures of the Health Care and Education  
28519           Reconciliation Act of 2010.

28520           The Chairman. Without objection, the reading of the  
28521           resolution is dispensed with and the chair recognizes Mr.  
28522           Kennedy for 5 minutes.

28523           Mr. Kennedy. Thank you, Mr. Chairman. I am conscious  
28524           of the fact that bringing up this resolution after 27 hours  
28525           of being in this room is probably not the most popular thing  
28526           at the moment. However, I would not do it if I did not  
28527           believe it was very important and I appreciate the  
28528           recognition.

28529           This committee just finished marking up half of this  
28530           bill. Obviously, Ways and Means finished it before.  
28531           However, that is only the first step in a very long process  
28532           and I have strong concerns that this committee and  
28533           particularly our Democratic Caucus has not been afforded all  
28534           the information that is necessary for us to understand the  
28535           details of the bill and where this is going forward in the

28536 days and weeks ahead.

28537 Just today, the President of the United States tweeted  
28538 out that, quote, despite what you hear in the press, health  
28539 care is coming along great. We are talking to many groups  
28540 and it will end in a beautiful picture.

28541 Yesterday, he expressed openness to expanding the  
28542 rollback of the current Medicaid expansion to 2018, contrary  
28543 to the bill that we just marked up, delaying the changes in  
28544 the insurance markets until 2018 and 2020.

28545 On Tuesday, the President took to Twitter again, when he  
28546 wrote up don't worry, getting rid of State lines, which will  
28547 promote competition and will be in phase 2 and phase 3 of the  
28548 healthcare rollout. That was obviously news to many of us  
28549 that there was, in fact, a phase 2 and a phase 3.

28550 He continued on Twitter that I am working on a new  
28551 system where there will be competition in the drug industry.  
28552 Pricing for the American people will come way down.

28553 Mr. Chairman, after notice of nondisclosure agreements  
28554 between committee staff and judiciary, and White House  
28555 personnel, we had requested information as to whether  
28556 documents, or notes, emails, correspondence between the White  
28557 House transition officials and this committee, if they exist,  
28558 about the rollback of -- potential rollback of the Affordable

28559 Care Act so that we could have an idea as to what this  
28560 process would entail. We obviously have not gotten that yet  
28561 and we talked about it, I think you recall, several weeks  
28562 ago, in the committee process.

28563 We then filed this resolution of inquiry with the hope  
28564 of obtaining that series of correspondence, if any exists, so  
28565 that this committee, the American people, and the Democratic  
28566 Caucus, the Democratic members of this committee can be  
28567 certain that we understand what is taking place and what  
28568 plans are, as we debate the biggest policy portfolio for this  
28569 administration, at least for this Congress.

28570 And I would respectfully request -- this is not -- look,  
28571 this markup was just successful. You guys got the votes. It  
28572 passed. But as we all know, this is the first step to a  
28573 process and, apparently, a phase 2 and phase 3 which I didn't  
28574 even know about until finding out about it on Twitter.

28575 So, I would respectfully request that the committee be  
28576 able to divulge whatever correspondence exists between the  
28577 White House and this committee so that we, as members of this  
28578 committee can have an accurate reflection, an accurate  
28579 representation as to what is coming next and what is the true  
28580 ambition of the healthcare policy rollout for this caucus.

28581 With that, I will yield back or yield to any other

28582 member of the Democratic Caucus here, or the Democratic  
28583 committee that wants it.

28584 I repeat this bill, I know you have got very strong  
28585 feelings on the Republican side of the aisle. We have got  
28586 very strong feelings here as well. I am not so warm and  
28587 fuzzy as some of you guys are at this point.

28588 I will yield back.

28589 The Chairman. The gentleman yields back the balance of  
28590 his time. The chair recognizes himself for 5 minutes.

28591 From Chairman Dingell's work to the Solyndra and the ACA  
28592 investigations, to name a few, under Chairman Upton, the  
28593 Committee on Energy and Commerce has a long history of  
28594 conducting robust oversight of the Executive Branch.

28595 We will continue to carry out this important  
28596 constitutional obligation under my leadership but there is a  
28597 process by which we do this work. We typically begin by  
28598 asking the Executive Branch to comply voluntarily with our  
28599 request. We send document requests and ask questions.

28600 We utilize subpoenas, when necessary, which create a  
28601 legal obligation to comply. Last Congress, Chairman Upton  
28602 issued five subpoenas after Obama administration officials  
28603 refused to comply with our requests.

28604 What we don't do is begin with a resolution of inquiry

28605 like is before us today.

28606 But even in the face of the situation with the Obama  
28607 administration, Chairman Upton never went to this statement  
28608 of inquiry. Quite frankly, I think this is premature and I  
28609 would urge my colleagues to reject this.

28610 Mr. Kennedy. Mr. Chairman if I could just to respond to  
28611 that for 30 seconds, if I may.

28612 The Chairman. Sure, I would yield to the gentleman.

28613 Mr. Kennedy. Thank you. And I understand that  
28614 perspective and I do, sir. I would bring up that this  
28615 resolution of inquiry has been performed by actually this  
28616 committee, by Republicans when we were actually negotiating  
28617 the passage of the Affordable Care Act.

28618 And just to be clear, I did ask about correspondence  
28619 informally between committee and committee staff and the  
28620 White House before filing this resolution, hoping that we  
28621 wouldn't have to get there.

28622 So I understand your position. I would respectfully say  
28623 that this wasn't the first step. This was second or third  
28624 down the line.

28625 And I yield back.

28626 The Chairman. I appreciate that. Reclaiming my time.

28627 Again, when I believe a member of our committee did

28628 pursue documents first, they did go through the steps I just  
28629 outlined. Then, they went to the resolution of inquiry. So  
28630 that was kind of the process I was laying out. It is kind of  
28631 traditionally how the committee has operated under Democrats  
28632 and Republicans. You go through a request process. You try  
28633 and get an administration to comply. Quite frankly, most  
28634 administrations sort of stall on things. They just do.

28635 And so then you turn the heat up, and then you do  
28636 oversight hearings. You may do a number of steps. This is  
28637 kind of the nuclear option, if you will, at the end when they  
28638 completely don't comply.

28639 Mr. Kennedy. If it is nuclear, it didn't work so well I  
28640 don't think.

28641 The Chairman. Well, I am just saying. So, with that, I  
28642 would yield to the gentleman -- oh, okay. I would yield to  
28643 the gentlelady, for what purpose, my time?

28644 Ms. Eshoo. To strike the last word. On a resolution  
28645 you can't do that?

28646 The Chairman. Oh, I thought we were just doing the two  
28647 of us.

28648 Ms. Eshoo. Can I ask a question?

28649 The Chairman. Can I just yield on my time?

28650 Ms. Eshoo. That is fine.

28651 The Chairman. Because I think that was our agreement.

28652 Ms. Eshoo. Sure.

28653 The Chairman. Yes, so the gentlelady, I would yield to  
28654 her.

28655 Ms. Eshoo. Thank you. I want to thank Mr. Kennedy for  
28656 the resolution.

28657 And I would like to ask you, Mr. Chairman, what are the  
28658 steps and what is the timetable for them so that the end  
28659 result is the procurement of the materials that are in the  
28660 privileged resolution.

28661 The Chairman. Yes, so I think I outlined them but  
28662 basically you would have an inquiry of the agency. You would  
28663 have a written inquiry. You would ask for certain documents.  
28664 We would work through that. Because you know in our O and I  
28665 role we do that oftentimes in a bipartisan way. I have  
28666 already signed a lot of letters to this administration asking  
28667 for documents. We have pursued that already in various  
28668 areas.

28669 Some of those are follow-up from document requests that  
28670 overlap administrations that, frankly, administration to  
28671 administration.

28672 Ms. Eshoo. Let me ask this. Have any requests been  
28673 made of the administration for these materials yet?

28674 The Chairman. I don't know about these specific  
28675 materials, no.

28676 Mr. Kennedy. Mr. Chairman, if I may, briefly.

28677 The Chairman. I would yield.

28678 Mr. Kennedy. Again, just so that the committee is  
28679 clear, this was done in a committee hearing. It was then  
28680 followed up in writing. There was no response given. So  
28681 this was, as you outline, I would love to work with you and  
28682 your committee staff to try to advance this process, if we  
28683 could get a commitment from you or a clear idea as to what  
28684 steps are necessary so that we can get this.

28685 But we tried once verbally. We tried again on paper.  
28686 No response. No response. My nuclear option isn't so  
28687 nuclear but I understand your position on that.

28688 This is something, obviously, I think is important to  
28689 members and I would like to figure out what we can do.

28690 The Chairman. Okay. Reclaiming my time, and I thank  
28691 the gentleman. I am happy to have some discussions along the  
28692 way on these and other issues but my time has expired.

28693 The question now occurs on reporting H. Res. 154 to the  
28694 House unfavorably.

28695 Mr. Pallone. Roll call.

28696 The Chairman. Yes. All those in favor shall signify by

28697 saying aye; those opposed nay. And the clerk will call the  
28698 roll.

28699 The Clerk. Mr. Barton.

28700 Mr. Barton. I want to report it unfavorably.

28701 The Chairman. You know that is a good -- maybe I should  
28702 clarify that because it is kind of a double-negative. So I  
28703 know everybody wants to make the correct vote.

28704 So, I think the recommendation for all would be to vote  
28705 aye on the motion to report unfavorably, although my friends  
28706 on this side might want to disagree with me on that.

28707 Did that make it clear?

28708 So I think Mr. Barton wants to vote aye.

28709 Mr. Barton. Aye.

28710 The Chairman. That is what I thought.

28711 The Clerk. Mr. Barton votes aye.

28712 Mr. Upton.

28713 Mr. Upton. Votes aye.

28714 The Clerk. Mr. Upton votes aye.

28715 Mr. Shimkus.

28716 Mr. Shimkus. Aye.

28717 The Clerk. Mr. Shimkus votes aye.

28718 Mr. Murphy.

28719 Mr. Murphy. Aye.

28720 The Clerk. Mr. Murphy votes aye.

28721 Mr. Burgess.

28722 Mr. Burgess. Aye.

28723 The Clerk. Mr. Burgess votes aye.

28724 Mrs. Blackburn.

28725 Mrs. Blackburn. Aye.

28726 The Clerk. Mrs. Blackburn votes aye.

28727 Mr. Scalise.

28728 Mr. Scalise. Aye.

28729 The Clerk. Mr. Scalise votes aye.

28730 Mr. Latta.

28731 Mr. Latta. Aye.

28732 The Clerk. Mr. Latta votes aye.

28733 Mrs. McMorris Rodgers.

28734 Mrs. McMorris Rodgers. Aye.

28735 The Clerk. Mrs. McMorris Rodgers votes aye.

28736 Mr. Harper.

28737 Mr. Harper. Aye.

28738 The Clerk. Mr. Harper votes aye.

28739 Mr. Lance.

28740 Mr. Lance. Aye.

28741 The Clerk. Mr. Lance votes aye.

28742 Mr. Guthrie.

28743 Mr. Guthrie. Aye.

28744 The Clerk. Mr. Guthrie votes aye.

28745 Mr. Olson.

28746 Mr. Olson. Aye.

28747 The Clerk. Mr. Olson votes aye.

28748 Mr. McKinley.

28749 Mr. McKinley. Aye.

28750 The Clerk. Mr. McKinley votes aye.

28751 Mr. Kinzinger.

28752 Mr. Kinzinger. Aye.

28753 The Clerk. Mr. Kinzinger votes aye.

28754 Mr. Griffith.

28755 Mr. Griffith. Aye.

28756 The Clerk. Mr. Griffith votes aye.

28757 Mr. Bilirakis.

28758 Mr. Bilirakis. Aye.

28759 The Clerk. Mr. Bilirakis votes aye.

28760 Mr. Johnson.

28761 Mr. Johnson. Aye.

28762 The Chairman. Ladies and gentleman, if we could -- the

28763 clerk is going to have trouble doing the role and hearing

28764 this. So, please, if we could.

28765 The Clerk. Mr. Johnson votes aye.

28766 Mr. Long.  
28767 Mr. Long. Aye.  
28768 The Clerk. Mr. Long votes aye.  
28769 Mr. Bucshon.  
28770 Mr. Bucshon. Aye.  
28771 The Clerk. Mr. Bucshon votes aye.  
28772 Mr. Flores.  
28773 Mr. Flores. Aye.  
28774 The Clerk. Mr. Flores votes aye.  
28775 Mrs. Brooks.  
28776 Mrs. Brooks. Aye.  
28777 The Clerk. Mrs. Brooks votes aye.  
28778 Mr. Mullin.  
28779 Mr. Mullin. Aye.  
28780 The Clerk. Mr. Mullin votes aye.  
28781 Mr. Hudson.  
28782 Mr. Hudson. Aye.  
28783 The Clerk. Mr. Hudson votes aye.  
28784 Mr. Collins.  
28785 Mr. Collins. Aye.  
28786 The Clerk. Mr. Collins votes aye.  
28787 Mr. Cramer.  
28788 Mr. Cramer. Aye.

28789	The Clerk.	Mr. Cramer votes aye.
28790	Mr. Walberg.	
28791	<u>Mr. Walberg.</u>	Aye.
28792	The Clerk.	Mr. Walberg votes aye.
28793	Mrs. Walters.	
28794	<u>Mrs. Walters.</u>	Aye.
28795	The Clerk.	Mrs. Walters votes aye.
28796	Mr. Costello.	
28797	<u>Mr. Costello.</u>	Aye.
28798	The Clerk.	Mr. Costello votes aye.
28799	Mr. Carter.	
28800	<u>Mr. Carter.</u>	Aye.
28801	The Clerk.	Mr. Carter votes aye.
28802	Mr. Pallone.	
28803	<u>Mr. Pallone.</u>	Votes no.
28804	The Clerk.	Mr. Pallone votes no.
28805	Mr. Rush.	
28806	[No response.]	
28807	The Clerk.	Ms. Eshoo.
28808	<u>Ms. Eshoo.</u>	No.
28809	The Clerk.	Ms. Eshoo votes no.
28810	Mr. Engel.	
28811	<u>Mr. Engel.</u>	No.

28812 The Clerk. Mr. Engel votes no.  
28813 Mr. Green.  
28814 [No response.]  
28815 The Clerk. Ms. DeGette.  
28816 Ms. DeGette. No.  
28817 The Clerk. Ms. DeGette votes no.  
28818 Mr. Doyle.  
28819 Mr. Doyle. No.  
28820 The Clerk. Mr. Doyle votes no.  
28821 Ms. Schakowsky.  
28822 Ms. Schakowsky. No.  
28823 The Clerk. Ms. Schakowsky votes no.  
28824 Mr. Butterfield. Mr. Butterfield.  
28825 Mr. Butterfield. Aye -- no.  
28826 The Clerk. Mr. Butterfield votes no.  
28827 Ms. Matsui.  
28828 Ms. Matsui. No.  
28829 The Clerk. Ms. Matsui votes no.  
28830 Ms. Castor.  
28831 Ms. Castor. No.  
28832 The Clerk. Ms. Castor votes no.  
28833 Mr. Sarbanes.  
28834 Mr. Sarbanes. No.

28835 The Clerk. Mr. Sarbanes votes no.  
28836 Mr. McNerney.  
28837 Mr. McNerney. No.  
28838 The Clerk. Mr. McNerney votes no.  
28839 Mr. Welch.  
28840 Mr. Welch. No.  
28841 The Clerk. Mr. Welch votes no.  
28842 Mr. Lujan.  
28843 Mr. Lujan. No.  
28844 The Clerk. Mr. Lujan votes no.  
28845 Mr. Tonko.  
28846 Mr. Tonko. No.  
28847 The Clerk. Mr. Tonko votes no.  
28848 Ms. Clarke.  
28849 Ms. Clarke. No.  
28850 The Clerk. Ms. Clarke votes no.  
28851 Mr. Loeb sack.  
28852 Mr. Loeb sack. No.  
28853 The Clerk. Mr. Loeb sack votes no.  
28854 Mr. Schrader.  
28855 Mr. Schrader. No.  
28856 The Clerk. Mr. Schrader votes no.  
28857 Mr. Kennedy.

28858 Mr. Kennedy. No. The Clerk. Mr. Kennedy votes no.

28859 Mr. Cardenas.

28860 Mr. Cardenas. No.

28861 The Clerk. Mr. Cardenas votes no.

28862 Mr. Ruiz.

28863 Mr. Ruiz. No.

28864 The Clerk. Mr. Ruiz votes no.

28865 Mr. Peters.

28866 Mr. Peters. No.

28867 The Clerk. Mr. Peters votes no.

28868 Mrs. Dingell.

28869 Mrs. Dingell. No.

28870 The Clerk. Mrs. Dingell votes no.

28871 Chairman Walden.

28872 The Chairman. Votes aye.

28873 The Clerk. Chairman Walden votes aye.

28874 The Chairman. Are there any members not recorded who

28875 wish to be recorded?

28876 If not, the clerk will report the tally.

28877 The Clerk. Mr. Chairman, on that vote, there were 31

28878 ayes and 22 nays.

28879 The Chairman. Thirty-one ayes, twenty --

28880 The Clerk. Twenty-two nays.

28881           The Chairman. -- twenty-two nays. The ayes have it and  
28882 the resolution is reported unfavorably.

28883           Without objection, the staff is authorized to make  
28884 technical and conforming changes to the matters considered by  
28885 the committee over the last 27 and 1\2 hours. So order.

28886           Without objection, this committee stands adjourned.

28887           [Whereupon, at 2:01 p.m., the subcommittee was  
28888 adjourned.]